STATE OF MANILAND FOR STATE

| | | REGISTRAR | | | | Tente of Denti | REG. NO. | | | | | |
|----|---------------|--|-----------------|--------------------------|-------------|---------------------------------|--|-------------------|---------------|----------------------------------|--|--|
| | | CEASED NAME FIRST | | WIDDIE | | AST. | 20. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR | | |
| | TITPE | ELIZA | BETH | K. | HEIN | ONEN | March 29. | 1986 | | 6:25a M | | |
| | 3. SEX | X | 4. RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | THDAY) | ONING DATE | IF UNDER 24 HRS | | |
| 4 | | FEMALE | WHI | PE | OC! | | 89 | YRS | | HOURS MIN. | | |
| / | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY | OF DEATH | | | |
| | | NEBRASKA | | 5.A. | WIDOW | DIVORCED | Prince G | | | | | |
| 2 | 10 CI | TY OR TOWN OF DEATH | HE NOT IN SU | CH FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | F WORKING LIFE | INDUSTRY | F BUSINESS OR | | |
| 2 | 115117 | Lanham AL RESIDENCE (IF NURSING HOM) | AMI/Do | | | f Pr. Geo. Co. | HOMEMAKE | R | AT | HOME | | |
| | | STATE 136 CC | | 13t CITY OR TOW | | 134 INSIDE CITY LIMITS? | 13e.STREET ADDRESS | | | 770 | | |
|) | - | | G.C. | GREENBEI | LT | YES X NO [| | NOVER | PARKWA" | Y #304 | | |
| 2 | 14 FA | ATHER'S NAME FIRST | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NAM | AE MIDDLE | | ŁA5 | 7 | | |
| 2 | | PETER | | SCHWARTZ | | CATHERINE | ELIZABET | | WEKES | SER | | |
| | | VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (1F YES | ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | | | | |
| | | NO | | 343-30-31 | +57 | FERDINAND L. | SCHWARTZ | (SAME | AS IT | EM #13) | | |
| i | | 18 CAUSE OF DEATH Enter | | r line for ioi, iby, and | dicil | / | ^ | | BETWEEN | MATE INTERVAL ONSET AND DEATH | | |
| | | PART I. DEATH WAS CAL | JSED BY | Aluk | Ce | RELIE TUSA | ulde a | acro | 400 | - / | | |
| W | | | | DAS A CONSTOUR | NICE OF | | 1 V/T 6 | N | | | | |
| | | Conditions if any which | , | OR AS A CONSEQUE | NCE OF | | | | | | | |
| | 40 | Conditions, if any, which gove rise to immediate | (b)_ | | | | | | | | | |
| | | couse (o), stating the underlying couse lost. | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | | | |
| 17 | | | (c) | | | | | | | | | |
| | Z | PART 2 OTHER SIGNIFICAN | II CONDITIONS C | ON IRIBUTING TO L | SEATH BUT | NOT RELATED TO THE TERMI | IN AL DISEASE OR CON | DITION GIVE | N IN PART II | 0 | | |
| - | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, | WERE FINDIN | NGS USED | | |
| į. | FI | | | | | | YES TO NO | IN CERTIFY YES | ING CAUSES | OF DEATH? | | |
| ž | ERT | 71a ACCIDENT WAS UNDERLYING | 7 216. TIME C | OF IN IURY | | 21c HOW INJURY OCCURR | | | | NO [] | | |
| ì | 0 1 | OR CONTRIBUTING CAUSE OF | 110110 1 | | YEAR | THE THE WASTER OCCURN | LEWISH NATURE OF 1430 | RT INTIEM IS TA | ALLOW PART 27 | | | |
| | NO. | (IF EITHER NOTIFY MEDICAL EXAM | | .M. | 19 | | | | | | | |
| d | MEDICAL | 21d INJURY OCCURRED | | OF INJURY | ARM ETC) | 211 LOCATION STREET | CITY OF TO | WN | COUNTY | STATE | | |
| | | AT WORK NOT WHILE | | | 2- | | Par7 | | | | | |
| | | 220 I certify that (I) (this ha | · Mad - | 1106 20 0 | MA | Jak 0/ 1986 | 10 Mess | 128 | | that (I) (we) lost | | |
| | 90 | sow the deceased alive oboye, (l) (we) (did) (did | | ofter death. | . 01 | nd that in (my) (our) opinion d | leoth occurred on the d | ote and hour | ond from the | couses stated | | |
| | | 22b. SIGNALIRE | 0 | | | DECREE | ON THE PARTY OF TH | | Th. DATE | SIGNED | | |
| | 4 | 1 mone | HENDS. | 7 | | ATTENDING PHYSICIAN | MERICAL STA | | 15/6 | 29/60. | | |
| 1 | | 220 PHYSICIAN'S NAME UN | PE OR PRINTS | | | 22e ADDRESS | NO CHE | ente | 100 | 105 | | |
| ij | | HINTOHA | 15 16 | 7 pm/11 | del | Coffee | Bines | m. | 2079 | 0 | | |
| i. | | BURIAL, CREMATION, REMOV | AL 236. DATE | 23c. N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | | 100 | | | |
| | | CREMATION | 3-31-1 | 1986 | CHAMBI | ERS CREMATORY | RIVERD | ALE | P.J.C. | Md. | | |
| | _ | UNERAL DIRECTOR | | | | | REC'D . PEGISTRAP | 95h, P+GISTP | | | | |

RIVERDALE, Md. 2073

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO.

English St. Edia) North and Japan D. The North Co. St. Co. ng dan nat profesion assigning along the collection

| | | | | | | | | | ARYLAN | | | | | .000 | - | 15 | 2 |
|--|--|---------------|--|--------------------------------------|------------------------------|------------------------|------------------|--------------|---------------|-------------|-----------|------------------|------------------|--------------|---------|-----------|----------|
| | | 1- | FOR STATE | | | | MENT OF | | | | IYGIEN | EO | 0 | 8 | 8 | 2 1 | 3 |
| O | 20113 | 100 | REGISTRAR | | M | | EXAMIN | ER'S C | ERTIFIC | CATEC | F DEA | TH | REG. NO | | | | |
| U | 10110 | | CEASED NAM | | | MIDDLE | | | LAST | | | | NOWN X | MONTH | DAY | YEAR 2 | HOUE |
| | S S S S S S S S S S S S S S S S S S S | | / | Idell | a | Amel | ia | He | enslei | r | 100 | DEATH / | MATED [| 3/4 | 19 | 86 | P: 1 |
| | R FILES. HOUR. | 3-5E | (| 4. RACE | 5. DATE OF BIRT | H Y YEAR | 6. AGE (IN YE. | | | IF UNDER | 24 HRS. | 2c DATE | 250 | MONTH | DAY | YEAR | t Hay |
| | Z2055 | F | emale | White | Jan. 22 | 1902 | 84 Y | 111011111 | 5. DAYS | Hours | MIN | PRONOUNC DEAD | LED | 3/4 | 19 | 86 | P. A |
| _ | 語者で言語と | | RTHPLACE (S | TATE OR | 76. CITIZEN OF | WHAT COU | VTRY? | 8 MARRIE | D NE | VER MARR | IED 🗍 | 9. BALTIMO | RE CITY OF | COUNTY | | | |
| • | SASE | M | aryland | | U.S. | A. | | WIDOW | | DIVORC | ED 🗆 | Princ | e Geor | rae's | Cou | ntv | AAT |
| | 火を目の事か | 10 C | TY OR TOWN | OF DEATH | 11. NAME OF H | | JRSING HOME | , OR OTHE | R INSTITUT | TION | 120 USL | JAL OCCUPA | ATION (TYPE | OF WORK | 26 KIND | OF BUSI | NESS |
| 6 | 353EC | - | BlAdEN | 1suburg | 4110 | dmons | ton Roa | ad | | | Hou | SOWI TO | NG LIFE) | - 3 | Own | | |
| 6 | TOTAL - | USU/ | AL RESIDENCE TATE | (IF IN NURSING NOME O | OR OTHER INSTITUTION, | GIVE RESIDENCE | Y OR TOWN, | ON) | 13d INSIDE CI | TV LIMITS2 | Ina stor | EET ADDDES | c | | | | |
| 3 | 会を見る | | aryland | | e George | 1 | AdENSO | | YES 🔀 | NO 🗆 | 41 | 10 Edm | onsto | n Roa | d 2 | 0710 | |
| W | THEST | 14. F. | ATHER'S NAME | | WIDDIE | | LAST | V | 15. MOTHE | R'S MAIDE | EN NAME | MID | | | LAST | | |
| 3 | 285360C | D | avid | | T. | S | mith | | Sop | hia | | MID | DEC. | | Trec | | |
| IMO | A SOUND I | 16a \ | VAS DECEASE | DEVER IN U.S. AR | MED FORCES? WAR OR DATES) | | CIAL SECURIT | | 17 INFORM | | JE X | 100 | ADDRESS | | ess | Same | as |
| AL | A TANA | N | ES, NO, OR UNKNO | | | 219 | -46-56 | 35 | Miss | Idel | la A | . Hens | ler | No# | 13. | | |
| 2 | NE WEST | | IN CAUSE O | F DEATH (Enter on | D DIA | | | | | | | | | | | XIMATE IN | |
| Z | AL. | | PARTIDE | ATH WAS CAUSEI | D BY: TE CAUSE (o) | Acute | myocar | rdial | disea | ase | | | 11 | | BETWEEN | ONSET AL | NO DEATH |
| STC | THIN 24 CIL IN IT NER ALC ANSIT P AL HYG REMOV | | | | | OR AS A COM | NSEQUENCE (| OF | | | | | | 12 | 6-1 | 1 | |
| 2 | MITHIN ICIL IN NER A RANSIT AL HY | | | ns, if ony, which se to immediate | | chron | ic myod | cardia | al dis | sease | | | | | 13. | | |
| * | AMIN AMIN OR OR OR OR OR | | cause (a) lying cau | stoting the under- | DUE TO, C | OR AS A CON | NSEQUENCE (| OF | | | - | | | | | - | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | ECUTE NA EX NO MINE TION, | . 3 | | | (c)_ | | | | | | 199 | | | | | | |
| ED . | 250028 | - | PART 2 OTHER 51 | GNIFICANT CONDITIONS | CONTRIBUTING TO DEA | TH BUT NOT RELA | ATEO EO THE TERM | INAL DISEASE | OR CONDITION | GIVEN IN PA | RT 1 to L | | | | | | |
| 20 | AS A CREAT | Ö | *************************************** | | | | None | | | | | | | - 12 | | | |
| ¥. | HIEF MEENS AS DE HEALT | CERTIFICATION | IVO. DATE OF | OPERATION | 196. CON | DITION FOR | WHICH OPER | ATION WA | S PERFORA | MED? | | | | | 20 AUTO | OPSY? | |
| Z. | SE CHE CHE CHE CHE CHE CHE CHE CHE CHE CH | RI . | No | ne IL CAUSE WAS | -11 711-5 | | | | | | | | | | YES | | NO X |
| 0 | G THE WORD OF THE WORD TO THE CHIE HOULD BE US ARTMENT OF THE CHIE | | | OR CAUSE OF I | | OF INJURY .M. MONTH | DAY YEAR | 21c HO | | | DIENTERN | ATURE OF INJUR | RY IN ITEM 18 PA | RT 1 OR PART | 2) | | |
| Ö | | MEDICAL | CONTRIBUTION CONTR | | | .M. E OF INJURY | 19 | - | | one | | | | | | 71 | |
| 1 | CER SELECTION OF PRESENTED FOR | ME | | | | ACTORY, FARM, E | | 211. LOC | REET | | | CITY OR TOWN | 4 | COUN | ITY | | STATE |
| _ | WAR WAR PAG 212 | | AT WORK | NOT WHILE C | | | - Th-71 | | | | | | | | | | 2 |
| | ND, ND, | | 22a I certif | y that I took charg | e of the remains d | lescribed obc | ove, held on | Autopsy | | Inspection | K. | Inquiry | , ond | in my opin | ion | | |
| | MIN | | deoth resulte | ed from: Natur | ral couses X, | Accident | 5 | cide . | Homici | de | Undete | rmined mon | ner . | | | | |
| | WAN WENT | | ACTUAL C | // | 00 | 1 | | | TITLE (SP | | | | | | | | |
| | KHANAHA. | | SIGNATURE. | 1 | 10 | 70 | ger | M.I | | outy | MEDI | CAL EXAMIN | VER | DATE | 3/5 | 5/86 | |
| | SE LA SE | | EXAMINES ! | NAME TOP | n C Pac | 1000 | 4 D | / | I | 919 | Semir | nary R | oad | | • | 1.55 | |
| | TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE POGE 4 SHOULD BE PTO FUNERAL DIRECTE AFTER-DEATH, WITH THE BALTIMORE, MARYLAY | 00.00 | TYPE OR PRI | | n S. Rog | | | | | | | ing, l | Montgo | mery | Cour | ity, | Md. |
| | | 230 B | PECIFY) | TION, REMOVAL 2 | | | NAME OF CEM | | | | CITYO | CATION | | COUNTY | | STATE | |
| 07/84 25M | BP | 24 FI | JNERAL DIREC | ial | March 7, | 1986 F | ort Li | ncoln | Ceme | tery | | entwo | | P.G. | Ma | ryla | and |
| | DHMH - 17 | | | s Sons F | H. PAPORE | S Hvatt | sville | Mar | vland | DATE N | | REGISTRAR | John REGIST | HAR'S SIG | Hande | DL. | |
| | (VR A15 ME (5)) | A . | | - Dane I | A 8 | | | 7 | V | MIND | 37 4 | 986 | Tone some | Fadeline | | | |

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|) | 0 | - | 0 | 0 | 3 | 9 | 6 | 1 | - | FOR STATE REGISTRAR | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 5

| - | 1 - STATE REGISTRAR | | CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|---|---|---|---|---------------------------|------------------------------------|--|----------------|---------------|---|----------------------------|--|--|
| 1 | I. DECEASED NAME FIRS | | izabeth | | rlihy | 3 11 S | DEATH | монтн - | 11 . 86 | 6 50 Bunn | | |
| 1 | 3. SEX Female | 4. RACE Whi | 400 | Sept | F BIRTH | 6 AGE (IN Y | EARS LAST BIRT | (HDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| 1 | BIRTHPLACE (STATE OF FOREIGN COUNTRY) Washington | DC U.S | | WIDOWE | | Princ | e Geo | rge's | County | MD. | | |
| 1 | 10 CITY OR TOWN OF DEATH Hyattsville | | HOSPITAL, NURSING B FACILITY, GIVE STREET AD I Manor Nu | | g Home | IZa USUAL C LIYPE OF WORL Feder | al Wo | | | Governme | | |
| 7 | None National Page 18 None | ONE OR OTHER INSTITUTION OUNTY | GIVE RESIDENCE BEFORE A USC CITY OR TOWN Washingto | | 136 INSIDE CITY LIMITS? | Secretary 12 STREET ADDRESS / ZIP CODE 5220 North Capitol St. N. W. | | | | | | |
| 1 | Daniel | A. | Herlihy | | 15 MOTHER'S MAIDEN NA/ Margaret | | C. | | Wall | İsh | | |
| 3 | WAS DECEASED EVER IN U. | S. ARMED FORCES? ES. GIVE WAR OR DATES} | 579-60-81 | | 17 INFORMANT 5 Sister Cornel | | | | D. Hyat | | | |
| | Conditions, if ony, white gove rise to immedia | AUSED BY: EDIATE CAUSE (0) DUE TO, O th le | | TE OF | THRONGS | DIS | | | BRIWEN 3 | DIJS | | |
| | cause (a), stating the underlying cause los | (c) | RAS A CONSEQUEN | RAI | SCHEMIN NOT RELATED TO THE TERM | | F OR CONI | DITION GIV | G. | mas | | |
| 1 | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN | | | 100 | N WAS PERFORMED | 20a AUTO | | 20b. IF YE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO | | | |
| | OR CONTRIBUTION CALLER | OF DEATH HOUR A. | M. MONTH DAY | YEAR | 21¢ HOW INJURY OCCURR | RED (ENTERNA | TURE OF INJUI | RY IN ITEM 18 | PART I OR PART ?} | | | |
| | THE EITHER, NOTIFY MEDICAL EX- | 21e. PLACE | OF INJURY BEET, FACTORY OFFICE FAR | CITY OR TOWN COUNTY STATE | | | | | | | | |
| | In I certify that (I) (this sow the deceased all above, (I) (we) (did) (e | ve an | 3/1/ 198 | | d that in (my) (aur) apinian (| death occurre | d an the do | ate and has | | | | |
| | 27h SIGNATURE | 15. | 111 . | 17 | DEGREE | | | | 22c DATE | | | |

AB A HOSP TO FUNE TO FUNE WITH THE STORY WAS TO FUNE FUNE TO F

DHMH - 16 50M 4/83 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 236 DATE 3/14/86

LAN'S NAME (TYPE OR MINT)

Mt. Olivet Cemetery

22e ADDRESS

23d LOCATION
City Of TOWN
Washington, D.C.

STATE

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 2 |
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| | | 1, | FOR - STATE | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG | IENE 8 6 | 0 | 8 3 | 25 |
|-------------|--|---------------|---|------------------------|---|--|---------------------------------------|---|---------------------------------------|-------------|----------------------------------|
| 0 - 0 | 00765 | | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO |). | | |
| 2 | | | CEASED NAME | FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
|) a | ctor. page 3 s after death | (14) | | KELLII | E M | F | IIX | | MAR 6 | 86 | 0633 AM |
| Moy | b d | 3 SE | Х | | RACE | S. DATE C | OF BIRTH | 6 AGE IN YEARS LAST BIRT | | INDER TYEAR | IF UNDER 24 HRS |
| 0 0 | rs af | | Female | | White | Dec | 13, 1975 | 10 | | DATS | HOURS MIN. |
| 1 | 72 hours | | AFB Maryl | | D CITIZEN OF WHAT COUNTRY? | 8 MARRIE WIDOWE | D NEVER MARRIED X | Prince G | eorge | DEATH | MD. |
| ofter de | y the fun | | Andrews | TH 1 | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Malcolm Grow | NG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPATION OF WORK FOR MOST OF Dependen | ON: WORKING LIFE) | 126 KIND OF | F BUSINESS OR |
| 24 haurs | filled in b | 13a. | | | OTHER INSTITUTION GIVE RESIDENCE BEFOR | E ADAISSION) | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / 4401 Alli | ZIP CODE | oad 20746 | |
| out - inhin | Jackson / CC | | ATHER'S NAME FIRST Larry | | AIDDLE Hix | | 15. MOTHER'S MAIDEN NAM Bonnie | | | Goure | |
| Y | 1 1 | | WAS DECEASED EVER | | MED FORCES? 16b, SOCIAL SECTION WAR OR DATES! | JRITY NO. | 17 INFORMANT | ADDRE | | • | CX |
| f: | RE) 1/ | | (YES, NO OR UNKNOWN) | (IF YES, GIVE | hone | | Larry J H: | ix Same | as #1 | 3 | |
| 1 | 1964 | | 18 CAUSE OF DEAT | H (Enter only | y one couse per line for (a), (b), or | nd (c+) | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| 7 | o co | | PART I. DEATH W | AS CAUSED IMMEDIATE | y one couse per line for (o), (b), or CARDIOP | THONA | RY ARREST | | | | |
| 9 | carbo carbo ar ro | 1 | MANAGE PAL | | DUE TO, OR AS A CONSEQU | MICEOU. | 2000 | | | | |
| deo | atter nove atian, rraum | | Conditions, if any, | | ((b) RHABDO | IX COSAL | aletama | | | | |
| that the | by the ase ren 1, crem ather 1 | | gove rise to imm couse (a), statin underlying couse | g the | DUE TO, OR AS A CONSEQU | ENCE OF | | | | | |
| equires t | signed Then plec to buriol njury, or | N O | PART 2 OTHER SIGN | HEICANT CO | ONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONE | DITION GIVEN | IN PART 1:0 | |
| he law re | has been prior | CERTIFICATION | 190 DATE OF OPERAT | ION | 196 CONDITION FOR WHICH | ONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20b. IF YES, W IN CERTIFYIN YES | | |
| HYSICIAN: T | s certificate h burrol-transit p Mental Hygier K Item 18 show | | 21a ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH D | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | |
| IG PHYS | s the bur s ond Me | MEDICAL | 21d INJURY OCCURR | ILE 🗍 | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC) | 211 LOCATION STREET | CITY OR TOV | WN | COUNTY | STATE |
| FENDIN | TOR. At for use o of Health | | | | ol) attended the deceased from. Le March 19 1 view the body after death | 20 | nd that in (my) (our) opinion (| to 6 Mar I | | | that (I) (we) lost |
| AL OR A | AL DIRECT detoched for ore Dept. o | | Drydd. | 7) K | Gemban A | M | ATTENDING PHYSICIAN D | MEDICAL STAF | | GIST | SIGNED PARE SC |
| THOSPIT | TO FUNERAL should be dere | | 22d. PHYSICIAN'S NA | W R | M. BAUGH | | M.G-M.C | | | | |
| 2 | ± 5 3 ≤ | 23a | BURIAL, CREMATION, | REMOVAL | | | EMETERY OR CREMATORY | 23d LOCATION | | OUNTY | STATE |
| В | P | | Burial | | 8MAR 1986 Wa | shin | gton Nation | suitia: | nd Ì | G | Md |
| DHM | H - 16 60M 7/B4 | 24 F | UNERAL DIRECTOR NAME RODE | rt E | Wilhelm ADDRESS | | . ESo DAT | E REC'D BY REGISTRAR | 256. REGISTRAI | R'S SIOMATI | UR |
| | (VRA 15, 4) | | Fune | ral H | | uitla | nd Md | 1 1000 | | | |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | CONTRAC | | | | REG. | NO. | | | | |
|------------|--|------------------------------|-----------------------|---------------------------------|------------------------|------------------------|-------------------|-------------------------|--|--|
| TYPE OR | ASED NAME FIRST | MIDDLE | Į. | AST | 20 DATE OF DEATH | MONTH DAY YEAR 26 HOUR | | | | |
| TITPE OR | Anna | C. | HOCKING | | March 2 | 3. 1986 | | 6:20a. M | | |
| 3.5EX | | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST | | IF UNDER I YEAR | | | |
| | Female | White | Octo | ber 3, 1900 | 85 | YRS | ONIHS DAYS | HOURS MIN. | | |
| | HPLACE STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | UNTRY? 8 | | 9 BALTIMORE CITY | | OF DEATH | | | |
| | arvland | USA | WIDOWE | DI NEVER MARRIED U | Prince | e-George | 26 | MD | | |
| | OR TOWN OF DEATH | 11. NAME OF HOSPITAL | NURSING HOME C | | 120 USUAL OCCUPA | ATION | 125 KIND | OF BUSINESS OR | | |
| | Hyattsville | (IF NOT IN SUCH FACILITY, G | | Tno | (TYPE OF WORK FOR MOS | | INDUSTRY | | | |
| | RESIDENCE (IF NURSING HOME O | | Heart Home | , Inc. | House | ипе | 1 | 2014 | | |
| 130 STA | ATE 136 COU | NTY 13c CITY | ORTOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRES | | X | 07/2 | | |
| | | ce-Georges Ta | akoma Pk. | YES NO | 7051 Car | COTT WA | enue | | | |
| 4 FATE | HER'S NAME FIRST | MIDDLE | LAST | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LA | .51 | | |
| | Joseph | Ma | ayhew | Sarah | A | Kelly | | | | |
| | S DECEASED EVER IN U.S. A | RMED FORCES? 166 SOC | IAL SECURITY NO | 17 INFORMANT | | resida I | - | | | |
| | NO | | -22-6024 | Wm. M. Hoc | king. 70 | 00 Bro | xburr | Dr. | | |
| 18 | CAUSE OF DEATH Enter o | nly one cause per line | rub and ic . | - 1 | | | APPRO: BETWEEN | XIMATE INTERVAL | | |
| -1 | PART I. DEATH WAS CAUS | ED BY, TE CAUSE (o) | Temie 11 | modernice) | | | 100 | tur. | | |
| | IMMEDIA | 20 | 11 | 0, 1 | | | 7 | 7 | | |
| | Conditions if you which | DUE TO, OR A SALE | Miaster | les lugar | | | 111 | | | |
| - | Conditians, if any, which gave rise to immediate | (6) | | 1 | | | 1 /2 | | | |
| | couse (o), stoting the underlying couse lost | DUE TO, OR AS YCG | EOURNCEOF | and Williams | Teller in | 1. 1 | 1/4 | in | | |
| | | 10_/V | anne | ovy anuras | unan; | ential | | ~ | | |
| | ART 2 OTHER SIGNIEIDANT | CONDITIONS CONTRACT | O DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NOUTION GIVE | MIN PART 1 | 10 | | |
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| 5 19 | a DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | WAS PERFORMED | 200 AUTOPY? | | WERE FINDS | NGS USED S OF DEATH? | | |
| CERTIFICAT | | | | | YES NO | YES | | NO 🗌 | | |
| 2 | In. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | NTH DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF IT | JURY IN ITEM 18 PA | RE OR PART 2} | | | |
| MEDICAL | OR CONTRIBUTING CAUSE OF DE | AIH | 19 | | | | | | | |
| 2 | Id. INJURY OCCURRED | 21e. PLACE OF INJUR | Y | 21f LOCATION | CITY OR | 701404 | COUNTY | STATE | | |
| | NOT WHILE | (AT HOME STREET, FACTOR | Y OFFICE, FARM, ETC) | STREET | CITY OR | IOWN | COUNTY | STATE | | |
| No. | 2a.l certify that (1) (the hosp | utol) attended the decease | d fram Mar | 24 1084 | 10 MAIN | 123 | .81 | that (I) | | |
| 1 | sow the deceased alive or | march 22 | 19.87 Jon | id that in (my) iour) opinian c | deoth occurred on the | date and hour | Ann. | | | |
| 2 | SESNATURE | ot) view the body ofter deat | h. | DEGREE | | | | SIGNED | | |
| 17 | I I I I I S | - 4 | 11 000 | | MEDICAL ST | AFF | M. | 127 140 | | |
| 16 | DANT 111 | unna, | Dun !) | | MEDICAL ST | SICIAN | /X/Arel | 1-11/9/1 | | |
| 9 | A PRITALIAN S NAME (199) | OF PRINT) | | 22e ADDRESS | | | | | | |
| | John F. Br | ennan. M. I |). | 3415 Hamil | ton St. | Hyatts | ville | Md. | | |

DHMH - 16 60M 7/84

(VRA 15, 4)

The BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

Mar.

231 NAME OF CEMETERY OR CREMATORY Gate Of Heaven

Silver Spring out Montg. Stand.

HOME 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

N. W. DMAR-26 1986 Julia Dundar Ambara

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STATE OF MARYLAND

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| 4 may be there; page 3 after death | 3. 5E | | LAN. | | E. | HOP | F IN S | | O DATE OF D | 03 | 30 86 IF UNDER 1 YEAR MONTHS DAYS | |
| ther dead fire to the Livering directly and | Sc. B | uth Careli TY OF TOWN OF DEA | na | U.S. | WHAT COUNTR | MARRIED WIDOWE | D NEVER MA | ARRIED | PRII | OR MOST OF WORKING | GEO. | OF BUSINESS OR |
| | Ma | | rince | HER INSTITUTION | Oxen H | 111 | 15. MOTHER'S | LIMITS? | 130.STREET AD 4612 W | DRESS / ZIP CO Theeler I | Tills Rd | |
| Property of | 16a V | Leonard VAS DECEASED EVER I | | ED FORCES? | Hepki 166 SOCIAL SE 249-09 | ECURITY NO. | 17 INFORMAN | Tie Daws | 4612 | Wheeler Hill, M | Hills R | ver |
| request that the displacements of the placement of the place entropy placement or the placement of the place | NO | Conditions, if any, gove rise to imm cause (a), stoting underlying cause | which ediate the last | DUE TO, O (b) DUE TO, O | RAS ACONSES | DUENCE OF J DUENCE | E BOY NOT RELATED T | on'c k | Pesp. | facture or hallow condition of | SIVEN IN PART I | 10 |
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| DING FHYSICIA attending plant the central Attention central risk and Mental horked drugam | MEDICAL | OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR | ED | P. PLACE (AT HOME STR | M. OF INJURY REET FACTORY, OFFI | 19 CE FARM, ETC.) | 211 LOCATION STREET | | c | TITY OR TOWN | COUNTY | STATÉ |
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| DHMH - 16 60M 7/84 (VRA 15, 4) | | P. Ka | las P | uneral | Home (| 60 Oxer | Hill F | 250. DATE | APRO / | 1986 | STRAR'S SIGNA | TURE |

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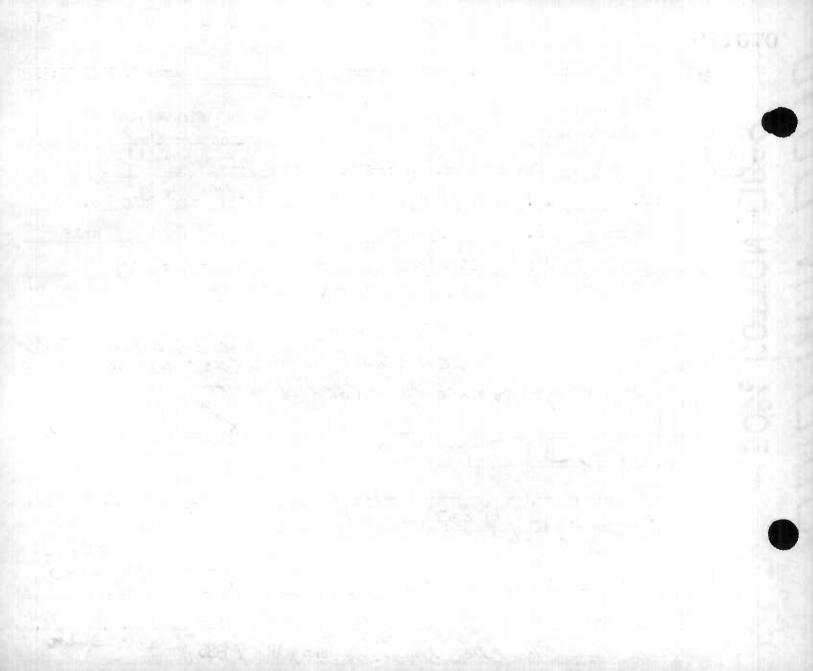
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| nerol din 72 hat | 100 | IRTHPLACE (STATE OR FOREIGN COUNTRY) orth Carolina | U.S.A. | UNTRY? 8 MARRIE WIDOWI | NEVER MARI | RIED 9 | PRINCE GEO | | |
| by the fu | 10 (| ITY OR TOWN OF DEATH CHEVERLY | PRINCE GEORG | NURSING HOME OF STREET ADDRESS GENER | R OTHER INSTITUT | | 20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Maintenance) | WORKING LIFE) INDUS | D OF BUSINESS OR TRY |
| filled in hould be | 13a M | AL RESIDENCE (# NURSING HOMI STATE 136 CC P. | OUNTY 13c CITY (| CE BEFORE ADMISSION) OR TOWN 1 Hill | | | 3e STREET ADDRESS / 1100 Owens | | 0745 |
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| be executed on the Pages of the medico | | WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES. | CAVE WAR ORD DATES | 15-2246 | Geneva | Hunt | 1100 G Oxon H | wens Road | land 2074 |
| A Sent. | | | only one couse per line for (a) ISED BY: IATE CAUSE (a) | VONIC | Zenal - | culw | د | BETW | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| by the state of th | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A COL | | | | | | |
| equires the signed to buriol to buriol nijury, or o | NO NO | PARTS OTHER SIGNIFICAN PEAN PINN N | T CONDITIONS CONTRIBUTIONS CONTRIBUTIONS | DISCURE | NOT RELATED TO | THE TERMIN | IAL DISEASE OR COND | ITION GIVEN IN PAR | Tlo |
| on. hos beer t permit rene prior | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | WAS PERFORME | D | 200 AUTOPSY? YES NO | 206 IF YES, WERE FILL IN CERTIFYING CALL YES | NDINGS USED USES OF DEATH? |
| ig physici gertificate riol-trans entol Hyg | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI | DEATH HOUR A.M. MON | TH DAY YEAR | 21c HOW INJURY | Y OCCURRE | D (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR PAR | 2) |
| affendir frer this os the bu | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE OF INJURY | | 211 LOCATION STREET | | cirigatow | COUNT | STATE |
| ATTENDIS Ispitol or CTOR: A 3 for use of Heolis n 21 is mo | | 220 I certify that (I) (this has saw the discerned alive above, (I) (we) that did | the body after death | 19 | |) opinion de | to oth occurred on the dat | e and hour and from | the causes stated |
| TAL OR TAL OR RAL DIRE deroched deroched Tare Dept | | 226. SIGNATURE | (all) | No. | PHYS | NDING SICIAN | MEDICAL STAFF | 7 | LY/86 |
| TO HOSPITAL TO FUNERAL should be der with the State | | STEVEN | POLIAK | | 470 | N A | VTH PLA | CE CAN | 1P SPANE |
| BP | L | BURIAL, CREMATION, REMOV (SPECIFY) Burial | 3/29/86 | | coln Ceme | etery | | | eorge's M.I |
| DHMH - 16 60M 7/84 (VRA 15 4) | 24 F | UNERAL DIRECTOR | 4339 HUNT P | PACE, N.E. | TAK. | MAR MAR | 2 6 1086 | REGISTRAR'S SIGI | |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS Josephine Italiano E. March 12. 4 RACE 5 DATE OF BIRTH 22 1910 Female Cauc. IN BIRTHPLACE I STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Geerge's Washington, D.C. U.S.A. WIDO WED X DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Southern Maryland Hespital Telephone Oper. Telephone Clinten SUAL RESIDENCE LIF NURSING HOM TO THE RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION Prince George Marlow Hgts. 20746 3940 Bexley Place Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Coppela Giocchina DiMisa Jeseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 8003 Boundary Dr. Joseph A. Italiano, Jr. Ferestville, Md. 579-32-5505 18 CAUSE OF DEATH (Enter only one couse per time for 10), (b), and ic PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT GO ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASS OF COME 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) STATE WHILE NOT WHILE 22a | certify that (1) (1) (1) (1) (1) (1) (1) attended the deceased from sow the deceased alive on above, (I) (e) e d) (did not) view the body after death. and that in (my) (ext) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES Burial 3/15/86 Cedar Hill Cemetery Suitland 24 FUNERAL DIRECTOR 250 DATE REC'D' BY'REGISTRAR TSb. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md. (VRA 15. 4)

Josephine P. Itlano March 12, 1986 P. H.

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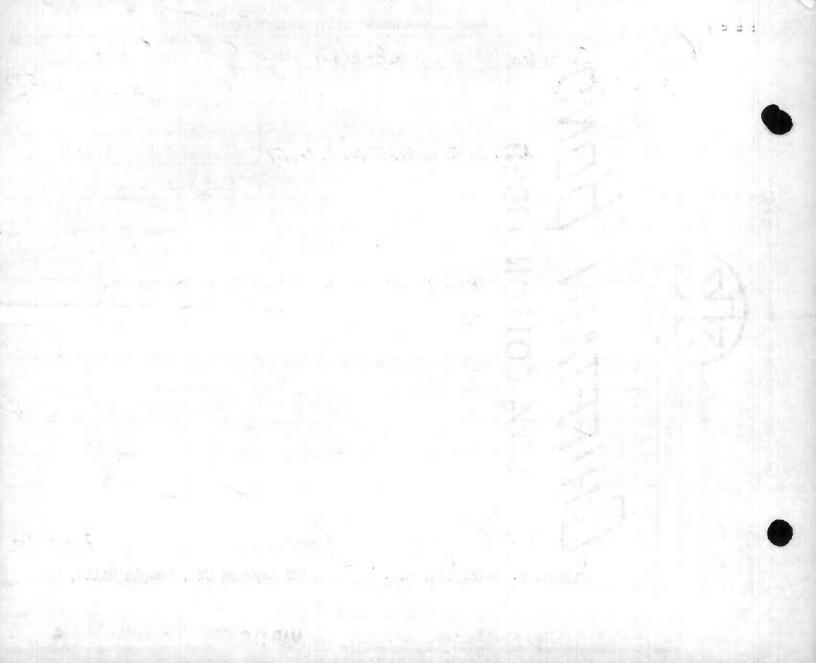
2003 Bourd, ov Dr. 579-3-5505 Joseph A. Italiane, dr. Fore tville, Mr.

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| 00-01442 | DEPARTMENT OF HEALTH AND MENTAL HYGIENE O STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. | , 0 |
|---|--|------------------------------------|
| Banker | T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY OF ESTI- DEATH MATED 3 -21.9 | YEAR 726 HOUR |
| OUR FILE ON STREE | 1. SEX Black 5. DATE OF BIRTH MONTH DAY YEAR 1. LAST BIRTHDAY) AND DAYS HOURS MIN. PRONOUNCED DEAD 3-22 1. | YEAR 24 HOURS |
| A FOR Y | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED PG PG PG PG PG PG PG P | MD. |
| PAGE PAGE | Andrew AF Base Mandeling Grow Oak Med Center Supervisor Movin | o of Business Noustry ng Co. |
| D. 21201 IF ANY DE 3. RETAIN SHOULD | USUAL RESIDENCE (IF IN MURSING FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE OUNTY Washington 13d. INSIDE (ITY LIMITS? YES NO 3902 14th Street NW | #621 |
| DAE, MO DEATH. | Major Jackson 15. MOTHER'S MAIDEN NAME LAST Major Jackson Virgie Alfore | |
| AALTIMA SAFIER SAFES SAFES SAGES VISION | 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1936 RO Charles E. Jackson, Jr.; District | |
| ORDS, 201 WFRESTON E EXECUTE WIDOM 24 DINGS IN ENVIRENTE DICAL EXAMPLE ALP THAND MENTAL HYGIS EMATIDN, OR REMOVA | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (There is the state of t | |
| TTAL REC SHOULD B SPOOLD B CHIEF OF HEA | 2 | TOPSY? |
| DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROED TO THE CHIE SE 3 SHOULD BE USE TO PROOR TO BURIA | 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d. TAYLOR OF INJURY (AT HOME. 211 LOCATION STREET CITY OR TOWN COUNTY | |
| DIVI BE THIS CEI ATE, WRITIN ATE, WRITIN ARE PAGE 3 E STATE DE | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| TO MEDICAL EXAMINER: EXECUTE THE CRETIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DESTINIT THE SHOULD BE MANYLAND, | 270 Certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner Actual Signature M.D. M.D. MEDICAL EXAMINER DATE SIGNED SIGNED ADDRESOOO Rayburn Ct Temple Hills. | 22-8/s |
| 0 6 4 6 4 8 6 4 8 4 6 4 8 4 6 4 8 4 6 4 8 8 6 4 8 8 6 4 8 8 6 4 8 8 6 8 8 8 8 | The supplied for the supplied to the supplied | Md STATE |
| DHMH/ 17 (VR A15 ME (5)) | 24 FUNERAL DIRECTOR Marshall's Funeral Home NAM 2217 9th St NW: Washington, D.C. 250. DATE REC'D. BY REGISTRAR 2256 REGISTRAR'S SIGNATUR NAM 26 1985 | |

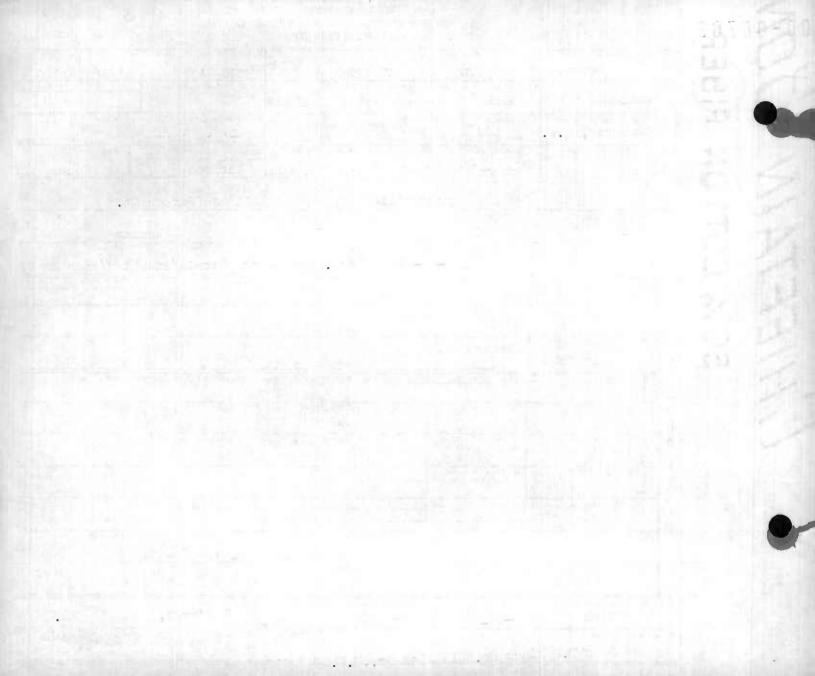


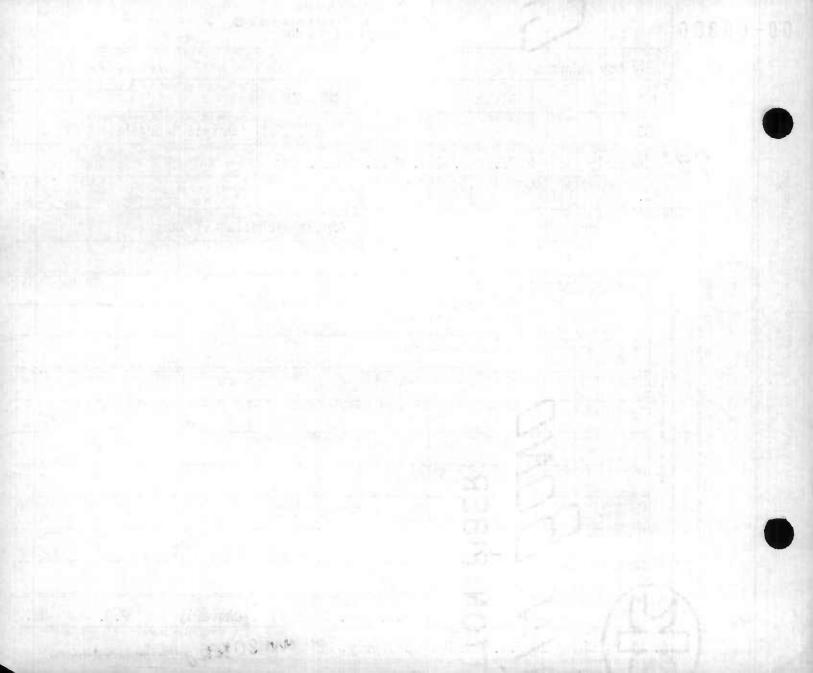
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| 146 | 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | | | |
| | 1. DECE | SED NAME | FIRST | | MIDDLE | | LAST | | 12 | OF E | OWN W | MONTH DAY | YE AR | 26 HOUR |
| 1 | (TYPE OF | PRINT) | Mvesh | nia D | eEtta | | Jenk | ins | | OF E | | 3161 | 19 86 | AA |
| | I, SEX | | I. RACE | S. DATE OF BIRTH | | 6. AGE (IN YEARS | IF UNDER | YR. IF UNDE | | c. DATE | A | MONTH DAY | YEAR | 14 HOUR |
| ı | EEMA | TE | BLACK | MONTH DAY | 76 | 9 YRS. | MONTHS D | AYS HOURS | MIN | PRONOUNCE | D | 31 61 | 19 86 | P M |
| ł | 7n. BURTH | PLACE (ST | | 76. CITIZEN OF WI | | | MARRIED | NEVER MARI | DIED TX | BALTIMOR | E CITY OR | COUNTY OF | | |
| а | FOREK | MD (QUINTRY) | | USA | A | | VIDOWED [| DIVOR | | Princ | e Geor | rge's C | counts | 7, MD. |
| Ħ | HE CITY | OR TOWN | OF DEATH | 1) NAME OF HOS | | | R OTHER IN | STITUTION | | AL OCCUPAT | ION (TYPE OF | WORK 126. KI | IND OF BUI | SINESS |
| 1 | Gre | eenbel | t / | 1 | | -95 Bal | co/Was | h Pkwy. | - FORM | N/A | S LIFE; | | K 11400311 | |
| 1 | UAL R | | IF IN NUMBERS HOME | OTHER INSTITUTION, GI | | | 136 11 | NSIDE CITY LIMITS? | 13e STRE | ET ADDRESS | | | | LEST . |
| l | | MD | ~ | | BAI | TIMORE | YES | NO [| 343 | 6 Chil | ds Cou | urt 21 | 1226 | 160 |
| | 4 FATH | ER'S NAME | | WIDDLE | | LAST | 15 N | OTHER'S MAID | EN NAME | MIDDI | LE | THE ST | LAST | |
| 4 | | MICHAI | | LEROY | | IENKINS | | PAULI | ETTE. | | | WIL | LIAMS | |
| J | YES, | O DECEASED | EVER IN U.S. AR | RMED FORCES? | | IAL SECURITY N | O. 17. IN | FORMANT | | , | ADDŖESS | | | |
| | NC | | | | | /A | M. | ICHAEL_ | IENKI1 | IS 4410 | BOWL | | To CITY I | |
| ı | 18 | PART I DE | DEATH (Enter of | nly ane cause per line D BY: | | | | | ALC: | | | 8ET | WEEN ONSET | AND DEATH |
| 1 | | | | TE CAUSE (a) | | Blunt T | cauma | to Trun | k and | Extre | mities | 5 | 1 2 4 | |
| | | Canditian | s, if any, which | | AS A CON | ISEQUENCE OF | | | | | | | | |
| 9 | | gave rise | to immediate | (b) | AS A CON | SECUENCE OF | | | | | | | | |
| | | lying cous | | DUE TO, OR | AS A CON | SEQUENCE OF | | | | | | | | |
| 1 | P | ART 2 OTHER SIG | NIFICANT CONDITIONS | (c) | BUT NOT RELA | TED TO THE TERMINA | DISSASS OP CO | MULTION CIVEN IN | APT 1 on | | | | | |
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| ١ | | NDERLYING ONTRIBUTIN | OR CAUSE OF | DEATH ? P.M | | 5/ 19 86 | subi | ect bea | ten | | | | | |
| I | E 21 | d INJURY O | CCURRED | 21e PLACE | | (AT HOME, | 21 LOCATIO | N | | CITY OR YOU'S | | COUNTY | | STATE |
| | | HILE T WORK | NOT WHILE | 7 | nknow | n | OUND: | Off Ra | mp to | on Pkw | and V. Gre | enbelt | . Pr | .Geo. |
| | | 220. I certif | y that I took char | ge af the re hains de: | | | Autopsy X | | | Inquiry | 1 | n my apinian | Md. | |
| ١ | | death resulte | | ral cau | Accident | , Suicio | | Hamicide X. | | rmined mann | | ., -,- | | |
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| ı | 23a. BURI | AL, CREMAT | ION, REMOVAL | 23b. DATE | 23c. N | AME OF CEME | ERY OR CRE | MATORY | 23d LO | CATION | | COUNTY | ST. | ATE |
| | | BURTAL ERAL DIREC | IOP | 3/11/86 | G | ARRISON | FORES | | OW | TNGS M | ILLS | MARYLA RAR'S SIGNAT | ND | |
| | | | | 1101 E. N | ORTH | AVENUE | | MA | D 4 A | | | evidson-1 | | 6 |
| | 171.7.4 | · LILL | 1011 1/11 | TIOI D. N | OICLII . | TIVETIVE | | MA | $n \perp U$ | 1500 | June 1 | CALLETON - | 1 | |

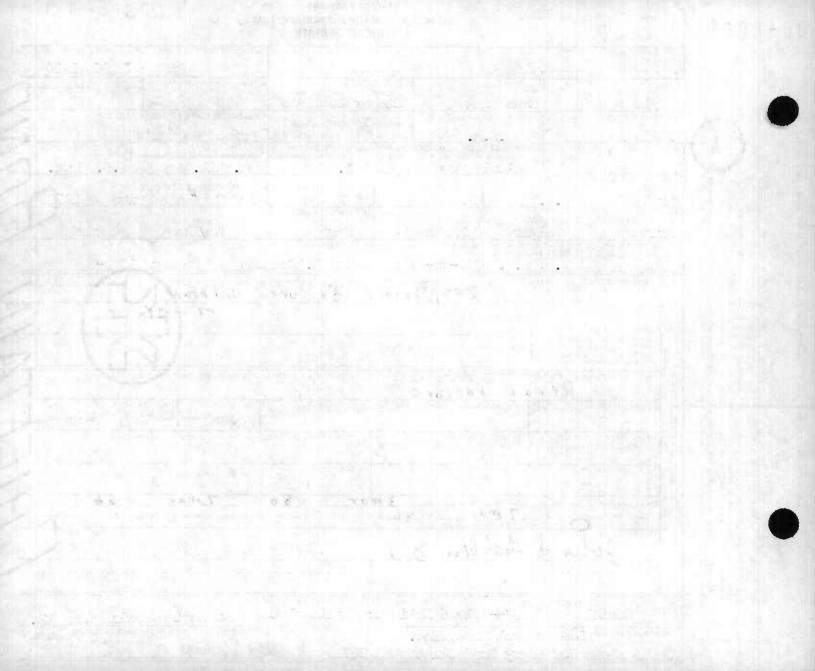


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STATE OF MARYLAND

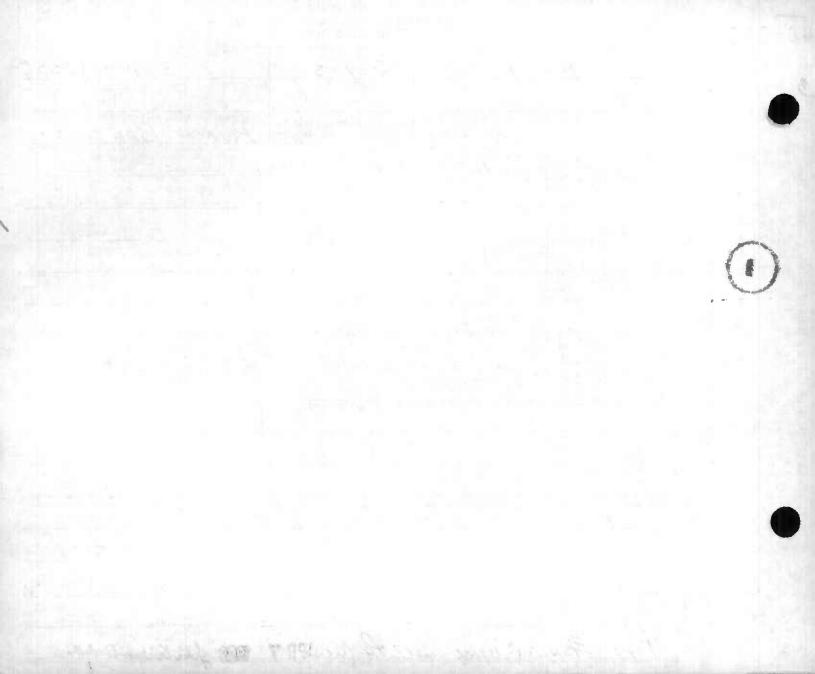






| 00- | 01773 | STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG REG REST MIDDLE LAST 120. DATE OF DEATH | |
|-------------------------------|--|--|---|
| | | THE COMPANIES | 0 1 1/0 |
| | | MERVIN ALBERT JOHNSON | 2 50 00 10 MW |
| | | 1 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST MONTH DAY YEAR 6 AGE (IN YEARS LAST FEB. 7 1920 6 AGE (IN YEARS LAST) | MONTHS DAYS HOURS MIN. |
| | 1 1 A4 | BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY | Y OR COUNTY OF DEATH OE GEORGE'S MD. |
| | 1 14 1 | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUP | ATION 126 KIND OF BUSINESS OR |
| 10 | 1 1 1 1 | LAUREL GREATER LAUREL BELTSVILLE HOSE CPA | RET. |
| ND 213 | 113 | SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS 157.10 | SHERWOOD AVE |
| MARYLA | 1/60 | RATHER'S NAME ROBERT MODIE JOHNSON 15. MOTHER'S MAIDEN NAME FIRST ALBERT INA MIDDLE | JOHNSON |
| IMORE, | Pogni Co | (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) | SAME AS 13E |
| 15, 201 W. PRESTON ST., BALTU | quires that the death certificate against the attending physicilities distributed by the burief, cremotion, an instruction injury, or other treatment event, the high y, or other treatment event, the | 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF UNDETERMINEDIATE DUE TO, OR AS A CONSEQUENCE OF UNDETERMINEDIATE DUE TO, OR AS A CONSEQUENCE OF UNDETERMINEDIATE DUE TO, OR AS A CONSEQUENCE OF UNDETERMINEDIATE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I MONTH CONCERNMENT INTERVAL CONCERNMENT INTERVAL ONDITION GIVEN IN PART ITO |
| I RECOI | Series production of the produ | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| 1 OF VITA | CLAN TO SPACE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | NJURY IN ITEM 18 PART 1 OR PART 2) |
| IVISION | Offer this to the box | 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY O | R TOWN COUNTY STATE |
| | ATTENDE A CTOR. A for site a of Health | 22a I certify that (Ix(this haspital) attended the deceased from 3/25 19 to 3/25 sow the deceased give an 3/2 to 19 86 and that in (my cour) applican death accurred an the above, (I) (see) (did) (did not) view the body after death. | e date and hour and from the couses stated |
| V | AL DREAD | 276. SIGNATURE LE ICHEM MEGREE ATTENDING MEDICAL SPHYSICIAN DIRECTOR PHY | TAFF 3/26/86. |
| | D HOSPIT CONTRACTOR | DAV DLEICHTZING 14333 LAUREL BOW 1. | |
| | 52 2273. | 30. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION | |
| | BP | CREMATION 3/27/86 BALTO. WASH. CREMATORY LAW | REL P.G. No. |
| | DHMH - 16 50M 4/B3 (VRA 15, 4) | NAME IN THE TAIL | AR 25h REGISTRAR'S SIGNATURE |
| | (************************************** | PLECK FIR. INC. LAUREL, MD. 207071 MAIN 37 19 | U Juna dillisagen handette |

| 0-03 | 1098 | 1- | FOR STATE REGISTRAR | | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 8 8 4 5 CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|---|--|---------------|--|---|--|-------------|-----------------------------------|---|---------------------------------------|----------------------------------|---------------------------------|--|
| | | | | IRST | MIDDLE | | AS1 | 20 DATE OF DEATH | Mar/ DAY | YEAR | 26 HOUR | |
| e e | page 3 r death | (ITPE | OR PRINT) | MARY. | R | | TONES | | 3.27 | 86 | 7.55 M | |
| lo lou | . pa | 3 SE | X | 4 RAGE | | 5. DATE O | | 6. AGE LIN YEARS LAST BIR | THDAY) IF U | INDER I YEAR | IF UNDER 24 HRS | |
| 8 | actor / | | FEMALE | BLACI | K | NOVI | MBER^ 29,1935 | 50 | YRS. | DATS | MIN. | |
| | 12 2/0 | | RTHPLACE (STATE OR FORE | IGN 76 CITIZEN OF | F WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF | DEATH | 0 | |
| dear | 71 | G | eorgia | | d States | WIDOWI | D DIVORCED | PHINCE | - | FOREK | THE. | |
| offis. | 86 | 10 C | CLASTON | 11. NAME OF | | | HOSDITAL | 120 USUAL OCCUPATION OF THE COMPANIES OF WORK FOR MOST OF THE CLEAN | F WORKING LIFE) | 126 KIND OF INDUSTRY priva | te | |
| BALTIMORE, MARYLAND 2120 | 41 | 13a. S | AL RESIDENCE (IF NURSING | DUNTY | 130 CITY OR TOW | ADMISSION) | 13d. INSIDE CITY LIMITS? YES X NO | 136 STREET ADDRESS / 559 Valley | ZIP CODE | 99 | 1999 | |
| YLA! | 33/2/ | 14 FA | THER'S NAME | | wasii., i | | 15 MOTHER'S MAIDEN NA | | Avenue | 5 0 . 11 | • | |
| MAR | 10 MI | | Luther | MIDDLE | Fouch | | Annie | Lou | | Ave | ry | |
| ORE, | 1 1 | | VAS DECEASED EVER IN I | U.S. ARMED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT 330 | 7 Walter La | ne, Apt | . 203 | | |
| IIMC | | | no | | 257 50 6 | 302 | Barbara J. A | | | rrest | ville Md. | |
| | on place emoval. | | 18 CAUSE OF DEATH IE PART I. DEATH WAS IM/ | Enter only one couse per CAUSED BY: MEDIATE CAUSE (a) | er line for on ibi, on | 11 ra | tom ar | rest | | BETWEENO | MATE INTERVAL NSET AND DEATH | |
| 0 # 0 | ending n or n | | | | OR A CONSEG | ENCE OF | Q1 | 11st | | | | |
| PRES he de | motio r frou | - | Conditions, if any, wl gave rise to immed cause (a), stating | iote | NATU | de | praur) | all | | | | |
| 1 W. | by the | | | lost (c) | OR AS A GOSTISEOUI | low | er lung | Cances | | | | |
| RDS, 20 | Then ple to buric njury, o | NO O | PART 2 OTHER SIGNIFIC | CANT CONDITIONS | CONCRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CON | DITION GIVEN | IN PART Ito | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN The low requires that the death certificateding physician. | t permit. | CERTIFICATION | 19a DATE OF OPERATION | N 196 CONI | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, W IN CERTIFYIN YES | IG CAUSES | | |
| VII NA T NASKC hysic | Hygirl B sh | | 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUS | found a second or | OF INJURY A.M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | RY IN ITEM 18 PART | OR PART 2) | | |
| SKCIV SKCIV | entol-tr entol | MEDICAL | (IF EITHER NOTIFY MEDICALE | EXAMINER) | P.M. | 19 | | | | | | |
| 15101 PHY tendi | the burned M | MED | 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | (AT HOME S | E OF INJURY STREET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | City de to | en / | COUNTY | STATE | |
| DING OF OTHER | Afte e os olth olth mork | | 22a.1 certify that (I) (thi | | the decensed from | 21. | 7 2 / 10 07/ | 1 0/ | 9 7/ 10 | A. | hat (1) (we) lost | |
| ATEN | CTOR. J for us a 21 is | | saw the deceased a above, (V (we) (did) | olive on 3/7 (did not view the bod | | 1/1/0 | nd that in (my) (our) opinion | death accurred on the do | ate and have an | 1 | | |
| AL OR | at DIRE etoched ite Dept | | 226. SIGNATURE | Som | V2 | | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | F IAN \square | 3/ | 27/86 | |
| SPIT, | De of Store | | 226 PHYSICIAN'S NAME | (TYPE OR PRINT) | | | 22e ADDRESS | | | | | |
| O HO | Phould the | | | ERWA, M. D | | | 10658 Campus | | Upper | Marlb | oro, Md. | |
| Garage | 140 | | BURIAL, CREMATION, REA | | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | e | OUNTY | STATE | |
| 4 / 7BP | 11 | | Burial | 3/31/ | 86 Li | ncoln | Memorial Ceme | etery Suit | land, | PG Ma | ryland | |
| DHMH | - 16 60W 7/B4 | Z4 FI | INERAL DIRECTOR AL | EXANDER S. | POPE | 117 | Q (1. (ADD C | E REC'D. BY REGISTRAR | Z36. REGISTRAI | rs signatu | JKE. | |



DEPARTA CERTIFICATE OF DEATH

| STATE OF MARYLAND | 6 | 0 | 8 | 25 | ling | 63 |
|---------------------------------------|---|---|---|----|------|----|
| NENT OF HEALTH AND MENTAL HYGIENE 🎖 👚 | 0 | Q | Y | | | |
| CEDTIFICATE OF DEATH | | | | | | |

| 00-80/039 | 1. | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 REG. NO. | | | | | | | |
|--|---------------|---|------------|--|--|--------------|----------------------------------|-----------------------|------------------------------|-----------------|-------------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | | AST | 20 DATE OF DE | ATH MONTH | DAY YEAR | 26 HOUR |
| be 3 eoth | (IIIP) | Dar | ıa | Max | xwell | JU | DY,Sr. | March | 7,1986 | | 4:07 A M |
| N OE OF | 3. SE | | | 4 RACE | | 5 DATE | OF BIRTH | & AGE (IN YEARS | LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 MRS |
| 4 20 | | Male | | Caucas | | | 12, 1916 | 69 | YRS | | MOURS MIN. |
| 1 3 X | | SIRTHPLACE (STATE OR FOREIGN | | 76 CITIZEN OF WHAT COUNTRY | | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE | CITY OR COUNTY | OF DEATH | |
| 1 | | st Virgini | | US | | WIDOWI | | Princ | e George | ¹s. | MD. |
| · (1) 33 | | ity or town of dea nham | Н | Doctor | HOSPITAL, NURSING HEACHTY, GIVE STREET HOSPI | ADDRESS) | Pr. Geo. Co. | 120 LISUAL OCCUPATION | | | OF BUSINESS OR PROPERTY |
| | | AL RESIDENCE (IF NURSI | G HOME OF | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | E ADMISSION) | | | | - | |
| 2 . 7 1165 | | | | eorge's | | | 13d INSIDE CITY LIMITS? YES X NO | | RESS / ZIP CODE akland Av | enne | 20737 |
| THE THE WA | | THER'S NAME | | WIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | | CHIC | 20131 |
| 1 11/60 | | Eliott | | WIDDEE | Judy | | Catherine | e | DDIE | Flesh | mann |
| MORE, ond co Poges I | | VAS DECEASED EVER (YES NO OR UNKNOWN) YES | (IF YES GI | MED FORCES? VE WAR OR DATES) | 236-07- | | David L. Jud | 5800 A | Avondale | Drive | 0716 |
| ALTII | | 18 CAUSE OF DEATH | | | | | David D. Dad | y MII CCII | TIVILIE, | APPROX | IMATE INTERVAL ONSET AND DEATH |
| phys phys pop movent, | | PART I. DEATH WA | SCAUSE | D BY | | | Temponade. | | | BEIWEEN | ONSET AND DEATH |
| N ST ding orbor or rei | 17 | | MMEDIA | TE CAUSE 10) | | | | | | | |
| STO trend trend trend ton, | | Conditions, if ony, | which | DUE 10, 0 | R AS A CONSEOU | Rups | wed myour | deal int | weten | 4 10 | |
| W. PRE | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF Particle wall. | | | | | | | | HEEN | |
| uires th | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a | | | | | | | | | a |
| IL RECORE The low require the permit The permit The ne prior to the permit The new prior to the permit The new prior to the permit The new prior to the new pri | CERTIFICATION | 19a DATE OF OPERAT | ÓN | 19h COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPS | ? 20b. IF YES | , WERE FINDI | NGS USED OF DEATH? |
| VITA Nysicio icote ronsit Hygir Hygir Hygir | CERI | 21a. ACCIDENT WAS UND | RLYING [| | | IXE | 216 HOW INJURY OCCUR | | _ | | |
| OF VII | | OR CONTRIBUTING C | | AIN | | AY YEAR | | | | | |
| NG PHYSICIAN- outending physic differ this certificat os the burditron th and Mental Hys orked or Item 18 s | MEDICAL | 21d INJURY OCCURR | D . | 21e PLACE | | | 211 LOCATION STREET | CI | IY OR TOWN | COUNTY | STATE |
| DING or o Afre olth olth | | AT WORK AT WOR | | As It as the add at the | a decreased from | March | 2, 10.86 | , Marc | h 7. | . 86 | 1 |
| spiral spiral for us of Hero | | 224 I certify that (I) saw the decease abave, (I) (we) (d | d alive on | March | atter death. | 86 . | nd that in (my) (aur) opinian | | - | | that (I) (we) last causes stated |
| the ho the ho | | 22b. SIGNATURE | | -6 | 17 | M | ATTENDING | MEDICAL DIRECTOR | STAFF PARA | 221. DATE | SIGNED 4/86 |
| TO HOSPITAL Cretorined by the TO FUNERAL Bould be detain with the State DIMPORTANT: If | | 22d. PHYSICIAN'S NA | ME (TYPE O | n Hatu | f . | | Dresa He | | | | 1/16 |
| Short Short | 23a F | SURIAL, CREMATION, F | | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATIO | | | |
| BP | | specify) | LINOTAL | | | | | CITY OR I | WN | COUNTY | STATE |
| | - | JNERAL DIRECTOR | 1 | 10 THE | 16000 Ani | ar yral | d Veterans Co | E REC'D. BY REGI | STRAR 256 REGISTI | RAR'S SIGNA | URACHO MIL |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | all Funera | | | Bowie, Mi | | | MAR 12 | | 142 | |

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as any desired the second

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED B112 Alabama Ave SE, Wash DC 20020 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY MD 3-25-86 Suitland PG Burial tow Nationa BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VRA 15, 4) Suitland, Md

STATE OF MARYLAND

2h HOUR

12h, KIND OF BUSINESS OR

Nielsen

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20748

Road #T-2

1986

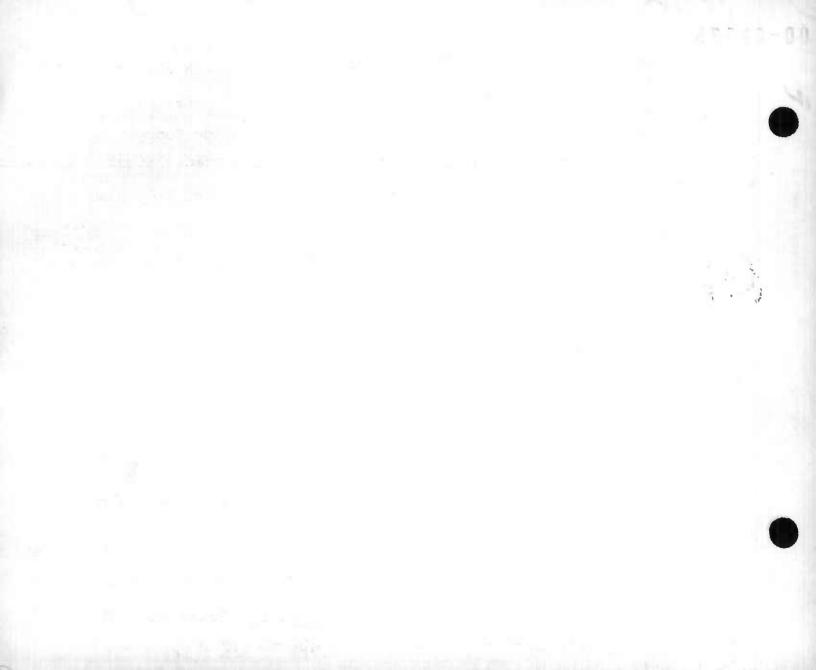
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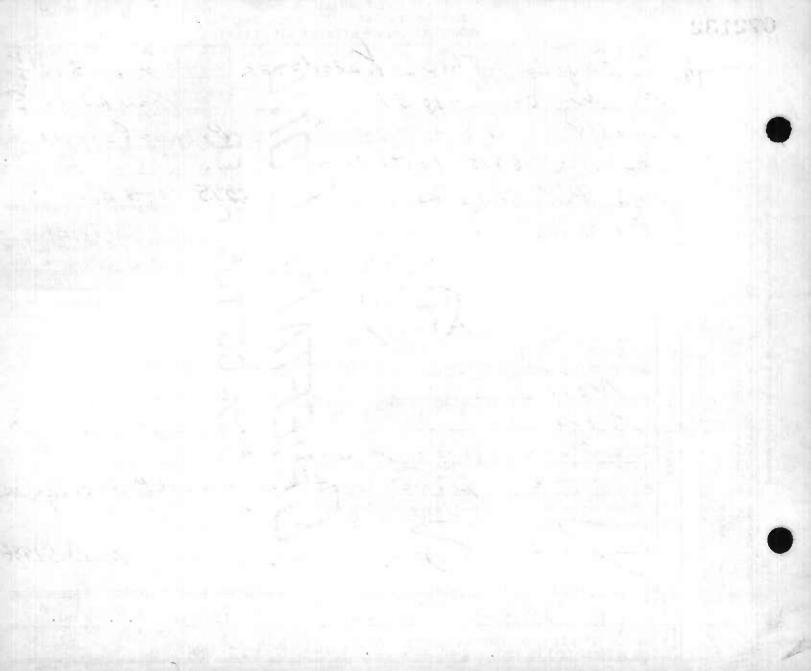
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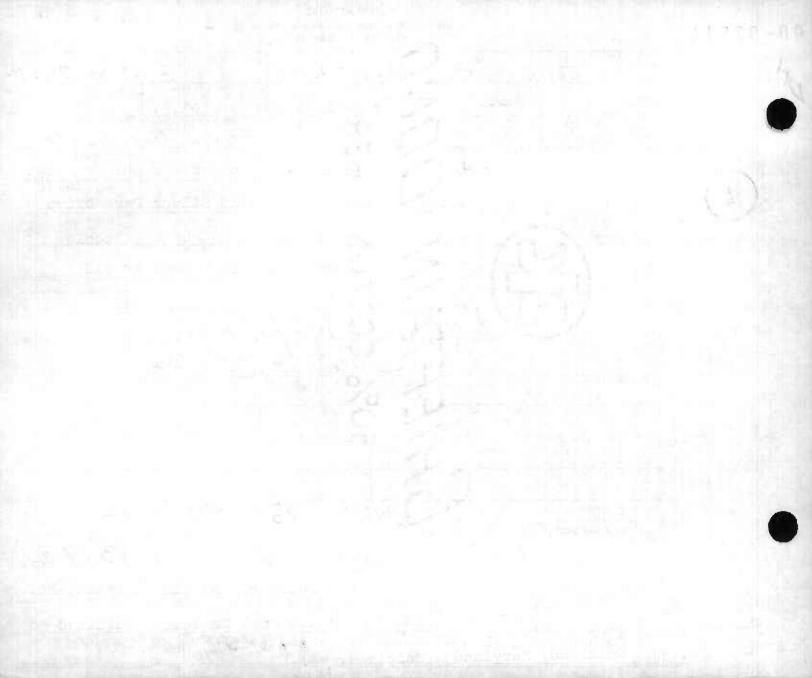
| G, | 72132 | 1- | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE O MEDICAL EXAMINER'S CERTIFICATE OF DEATH | REG. NO. |
|-------------------|--|---------------|---|---|---|
| | Name of | J DEC | CEASED NAME FIRST E OR PRINT) | T/ OF | KNOWN & MONTH DAY YEAR 26 HOUR ESTI-MATED HOUR CAN BE A MANUAL TO THE MONTH OF THE |
| | S NECESSARY, PLEAS E FUNERAL DIRECTOR E S FOR YOUR FILE ED WINNIND Z HOUR WORTHIN ZZ HOUR MANAGENON STREET | 3 SEX | nh | 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHOAY MONTHS DAYS HOURS MIN PRONOUN DEAD 7. RS. P. T. S. DATE PRONOUN DEAD | March 5 1988 120 |
| • | S NECESSARY E FUNERALD E FUNERALD E FOR YOUR E FOR YOUR ENTRINY ENTRINY ENTRINY | Wi | RTHPLACE ISTATE OR REIGN COUNTRY) SCONSIN TY OR TOWN OF DEATH | U.S.A. WIDOWED DIVORCED D | PATION (TYPE OF WORK 1126 KIND OF BUSINESS |
| | JY DELAY IS NO 3 TO THE FINE PAGE 5. SOWN IS S | USUA | CER byook | (ENDT IN SUCH FACILITY, GIVE STREET ADDRESSED) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| MD. 21201 | A NOW A | 13a S | TATE PO COUNT | CGCOYSUN PAR DVO 3 K YESEN NO 15 MOTHER'S MAIDEN NAME | 1000 ALC |
| BALTIMORE, N | UURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, WITH FORM PM 31 III. PAGES 1 AND 2 , DIVISION OF WITH |) 16a V | VAS DECEASED EVER IN U.S. ARM ES, NO PRUNKNOWN 1 18 YES, GIVE V | MADERABEK ERMA MED FORCES? 1166 SOCIAL SECURITY NO. 17. INFORMANT | ShiMEK ADDRESS 6515 100th AVE |
| ST., BALTI | OURS AFT 18. GIVE WITH R III. PAGE E. DIVISIO | | NO | 387-24-0872 BATH/EEN BAD. | ERABEK SEABROOK, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON S | O WITHIN 24 HOU FNCIL IN ITEM 18 MINER ALONG V TRANSIT PERMIT FNTAL HYGIENE, I OR REMOVAL. | | | E CAUSE (o) X / E/T / ON DUE TO, OR AS A CONSEQUENCE OF | |
| 201 W. PR | N PENCIL IN N PENCIL IN N PENCIL IN A AL-TRANSIT MENTAL HY NEW, OR REMC | | gave rise to immediate couse (a) stating the <u>underlying</u> couse last. | DUE TO, OR AS A CONSEQUENCE OF | 310001000 |
| RECORDS, 2 | HOULD BE EXECUTED WITH RD "FENDING" IN PENCIL HHEF MEDICAL EXAMINES USED AS A BURIAL - TRAN OF HEALTH AND MENIAL RRAL, CREMATION, OR RE | NO | PART 2 DIHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| | SHOULD ORD "PEI CHIEF N CHIEF N E USED A TTOF HEA | CERTIFICATION | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? YES □ NO.ÆV |
| DIVISION OF VITAL | HIS CERTIFICATE SHARED THE WORNARDED TO THE CHAGE 3 SHOULD BE LAGE 3 SHOULD BE LATE DEPARTMENT OF THE OFFICE OF THE DEPARTMENT OFFICE OFFI | MEDICAL CE | 210 EXTERNAL CAUSE WAS UNDERLYING PR CONTRIBUTING CAUSE OF D 21d INJURY OCCURRED | 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF IN 216. HOW INJURY OCCURRED (ENTER NATURE OF IN 216. HOW INJURY OCCURRED (ENTER NATURE OF IN 216. HOW INJURY OCCURRED (ENTER NATURE OF IN) 216. HOW INJURY OCCURRED (ENTER NATURE OF IN) 216. HOW INJURY OCCURRED (ENTER NATURE OF IN) | JURY IN ITEM 18 PART 1 OR PART 2) |
| DIVIS | THIS WAR PAG STATE | MEE | WHILE NOT WHILE AT WORK | b STREET, FACTORY, FARM, ETC.) STREET FACTORY, FARM, ETC.) STREET FACTORY, FARM, ETC.) | But Priver Georges W |
| | AMINER STIFICAT BE FOI BECTOR ITH THE RYLAND | | | e of the remains described above, held on Autopsy Inspection Inquiry at causes | |
| | SHE SHE | | AVIUAL SKNATURE | M.D. Deg MEDICAL EXAM | MINER SHAROWAN 5-1986 |
| | TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO | 23a, B | EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 23 | CITY OR TOWN | COUNTY |
| 07/B4 25M | DHMH · 17 | 24 F | Rurial UNERAL DIRECTOR TWO DOOR Hale | Lanhamer Inoral Homo MAD. | AR 256 REGISTRAR'S SIGNATURE |
| | (VR A15 ME (5)) | | 9013 Annapoli | s Rd. Lanham, Md. 20706 MAK 1 1 1986 | La Company |



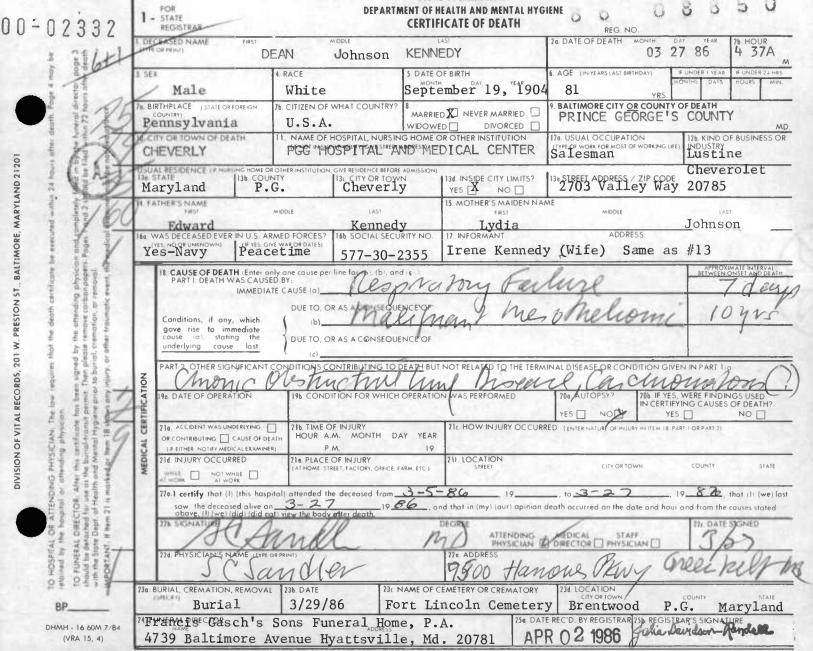
C. dies é durait gaines 8 etdesse COST of about 1 and a second cost of the second cos A resultant to the state of the Lorentz Labour Labour Manager to the state of Cit do V .av | Mysterial | Oc. | Committee | Cit do V .av | Mysterial | Cit do V .av | Million 3 to live to the contract of the contr . En I de duct (tracente) estats . = estat Tel - C-roll such a the state of the s DESCRIPTION East, and a second of the second First, Colombia of the Colombi cale a normal done Diversario, Empleral ... Marginet & ...

Suitland.

(VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 0 - 0 | 0198 | 1 | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG | REG. NO. | 3 3 | 7 |
|-------------------|--|---------------|---|-------------------------------|--------------------------|--------------|--|---|----------------|----------------------------------|
| | - | | ELEASED NAME FIRST | | WIDDLE | (| AST | 20 DATE OF DEATH MONTH DA | Y YEAR | 26 HOUR A |
| -0 -0 | 970 | 0" | Louis | | NMI | KRAM | NTC | March 24,1986 | | 12:30 M |
| (1) | 20 | 3. S | | 4 RACE | | 5. DATE C | | 6. AGE IN YEARS LAST BIRTHDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| - | | | Male | White | | Mav | 14. 1911 | | ONINS DAYS | HOURS MIN. |
| g . | (IR) | 70 | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 | | | | 9 BALTIMORE CITY OR COUNTY O | OF DEATH | |
| * | 17 | 1 | Minnesota | | | | DINEVER MARRIED DINORCED | Prince George | | 440 |
| - 1 | 307 | 10. | CITY OR TOWN OF DEATH | | | | 4-01 | | | F BUSINESS OR |
| - 1 | 号 数 | 1 | Lanham | Doctors Hospital of | | Pr. Geo. Co. | 120 USUAL OCCUPATION (TYPEOILORIZED MOSSICE POR CONTROL OCCUPATION) | RESUIT | Equipt | |
| 5.00 | 5 9 4 | JUS | JAL RESIDENCE HE NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | Engineer | la sui | V CV I |
| 25 | 11013 | | Md. 136 COL | | Lanham | | 13d INSIDE CITY LIMITS? YES XX NO | 13e STREET ADDRESS / ZIP CODE 9409 Wyatt Dr: | ive A | 0801 |
| 1.5 | 16/1/ | A IIC | ATHER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | WE | LAS | 1 |
| 77 | MAG | 1 | John Kramı | | | | | | ller | |
| - | de gal | 160 | WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16b. SOCIAL SECU | | 17 INFORMANT | ADDRESS 2105 (F | ast/ac | . Ave. |
| 3 | 00 | L | No | | 1476-09 | 4353 | Carol Ying | ling Kalamazoo | o. Mic | chigan |
| #5 | 1815 | Г | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | only one couse pe | r line lor 101, 1b | dig | 0- | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | du d | | | ATE CAUSE (a) | cerch | we ye | como. | | | |
| 5 | opt of the | | | DUE TO, C | R AS A CONFIQUE | ENCE OF | - lan. | .77: 4 + | | |
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| thot | leose iol, cri | | underlying couse lost. | (c) | ecra | LU SEE | Contraction of the contraction o | when are | | |
| duires | signed hen ple to burid ijury, or | Z O | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVE | V IN PART 110 | |
| 3 | permit ne prior | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, | WERE FINDIN | IGS USED |
| he lo | S e b e | ĮĚ | | | | | | YES NO YES | ING CAUSES | NO T |
| F 32 ck | Hygier 18 sho | H W | 210. ACCIDENT WAS UNDERLYING | | | | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | T I OR PART 2) | |
| CA | certific priol-tr entol I | | OR CONTRIBUTING CAUSE OF D | CAIN | .M. MONTH D | AY YEAR | | | | |
| HYSI | 2 5 5 5 S | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OR TOWN | COUNTY | STATE |
| G Pl | the ond ked | 2 | AT WORK NOT WHILE AT WORK | I AT HOME ST | REET, FACTORY, OFFICE, F | FARM, ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| Z o | se os solth mor | | 220 1 certify that (1) (this has | oital) attended th | he_deceosed from_ | | 19 70 | 10 3-24 10 | | that (I) (we) lost |
| TEN | for u | | sow deceased alive a | 4 - | 2 3 100 | 16.0 | nd that in (my) (opinion o | deoth occurred on the date and hour | and from the | couses stated |
| R A I | DiRECT bothed for Dept of if hem 2 | | 22b. SIGNATURE | of view the boar | deoth. | | | | 27L DATE | _ |
| the o | Te Do | | tens | wx | Rusking | (| ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 3/ | 29/06 |
| PITA | Stor Stor | | THE PHYS LIAN'S NAME (TYPE | OR PRINT) | - | | | eenbelt, Md. 2077 | 0 | |
| O HOSP etoined | should be detorwith the State E | | TAMES LI | HARDIN | C M D | | | ay Center Drive, | | 316 |
| of of of | 5433 | 230 | BURIAL, CREMATION, REMOVA | | | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | Jule . | J. 0 |
| BP_ | | | Burial | 3/28 | | | ncoln Cem. | CITY OR TOWN | P.G. | Md. |
| | | 24 | FLINERAL DIRECTOR | | | | 250 DATI | F REC'D BY REGISTRARIZEN PEGISTR | | |
| | - 16 60M 7/84 RA 15, 4) | | NAME Rendon/ 9013 An | Hale La | anhamo Ru s Rd. La | nera | 1 Home API | R O 1 1986 Julia da | | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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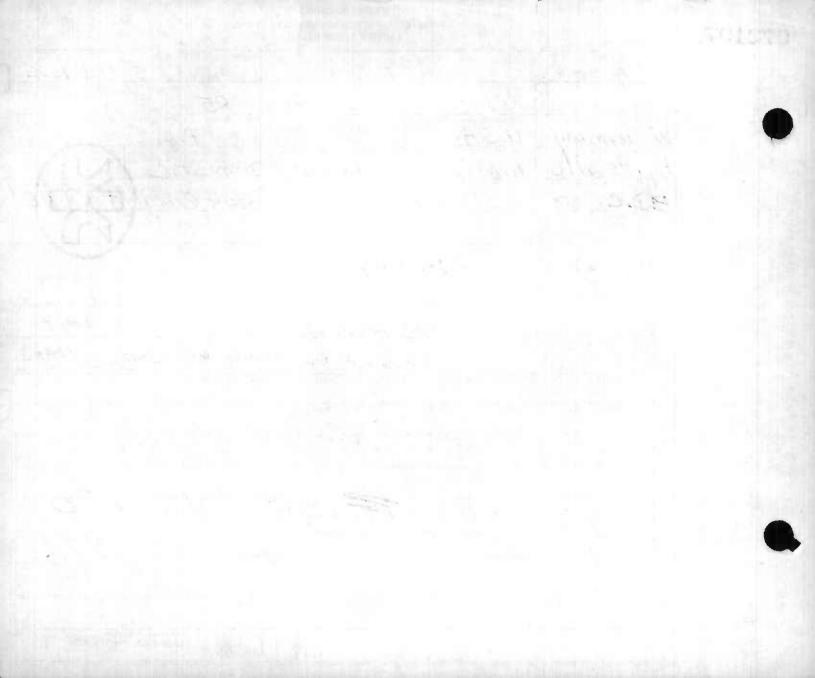
| | | REGISTRAR | | | ERTIF | ICATE OF DEATH | REG. NO. | | |
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| | Litte | marie | | K | Sas | 455 | March | 5 1986 | 10/AM |
| | 3. SEX | _ | 4 RACE | 5 | DATEC | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| | | temale. | Whi | te | MONTH | - 10-1900 | 85 | YRS | MOOKS MIN |
| 7 | 70. 88 | ETHPLACE 1174/9 GREDNIGH | TE CITIZEN OF W | HAT COUNTRY? B | AA A DDIE | NEVER MARRIED | 9 BALTIMORE CITY OR COL | UNTY OF DEATH | |
| | W | GERMANU | U. S. F | _ | VIDOWE | | P.G. | | MD. |
| 1 | 10,9 | TY OR TOWN OF DEATH | | OSPITAL, NURSING | | OR OTHER INSTITUTION | 12ª USUAL OCCUPATION | | OF BUSINESS OR |
| 1 | th | 10#5VILLE | HYAT | TSVIlle | | Manor | DOMESTIC | | agan |
| K | ASU. | TATE TO THE | NTY III | IN CITY OF TOWN | MITTO(N) | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP | CODE 1 | 10001 |
| 1 | 2 | D.C. | | WASH. | 4 | YES NO | 5025 SON | GEMT X | dNE |
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| ſ. | | | | | | | | | 10000 |
| 2 | The W | VAS DECEASED EVER IN U.S. AL | RMED FORCES? 1 | 66 SOCIAL SECURIT | YNO. | 17 INFORMANT | ADDRESS | | |
| 1 | 4 | LNKN SWN | | 0/9-062- | 0100 | 0 | | | |
| | | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS | | ne for (a), (b), and (c | | | | | XIMATE INTERVAL LONSET AND DEATH |
| | | | TE CAUSE (o) | DK! | 01. | 3 | | 1 | ours |
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| | | Conditions, if ony, which gove rise to immediate | (b) | _Hi' | (# | 36685 | | | 775 |
| | | couse 101, stating the underlying couse lost | DUE TO, OR | AS A CONSEQUENCE | CE OF | . A IN DRG | AMIC BRAIN 2 | 544100000 | YEARS |
| | | | (c) | | - | | | | |
| | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | NIRIBUTING TO DEA | ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | N GIVEN IN PART 1 | 10 |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDIT | ION FOR WHICH OF | ERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FIND | INGS USED |
| 7 | IFIC | | | | | | YES O NOO | CERTIFYING CAUSE: | |
| = | ERT | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF | INJURY | | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITE | | NO LI |
| P | | OR CONTRIBUTING CAUSE OF DE | . Altri | . MONTH DAY | YEAR | | | | |
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| | ME | WHILE NOT WHILE AT WORK | (AT HOME STREE | T FACTORY, OFFICE FARM | , ETC ; | V STREET | CITY OR TOWN | COUNTY | STATE |
| | | 220.1 certify that 1 (the hosp | oital) attended the | deceased from | 1 | \$ /2/19/13 | 10 7/ | 1985 | Wat D (we) lost |
| | | sow the deceased alone of obover (1) (ive) (did (did n | 72/ | 27 19 5 | 67 | nd that (my) (our) opinion o | death occurred on the date on | d hour and from the | |
| | | 226 SIGN UNE | on on the body o | Her deorn. | - (| DEGREE | | 22c DA) | SICKED |
| | | 1/2- | / | | | ATTENDING | MEDICAL STAFF | 5/5 | 106 |
| - | | 22d. PHYSICIA PSINAME DIM | - | | | 22e ADDRESS 7500 | | | rive |
| | | Peter M. So | chissler | , M.D. | | The state of the s | enbelt. Marv | | 770 |
| | | URIAL, CREMATION, REMOVA | | | ME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |
| | | SPECIFY) | | | | | CITY OR TOWN | COUNTY | STATE |

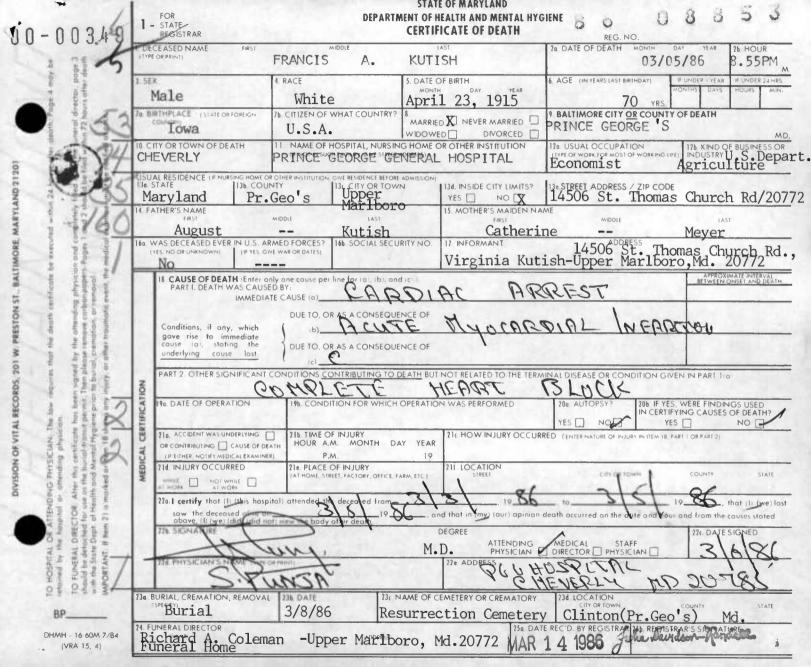
DHMH - 18 60M 7/84 [VRA 15, 4]

24 FUNERAL DIRECTOR

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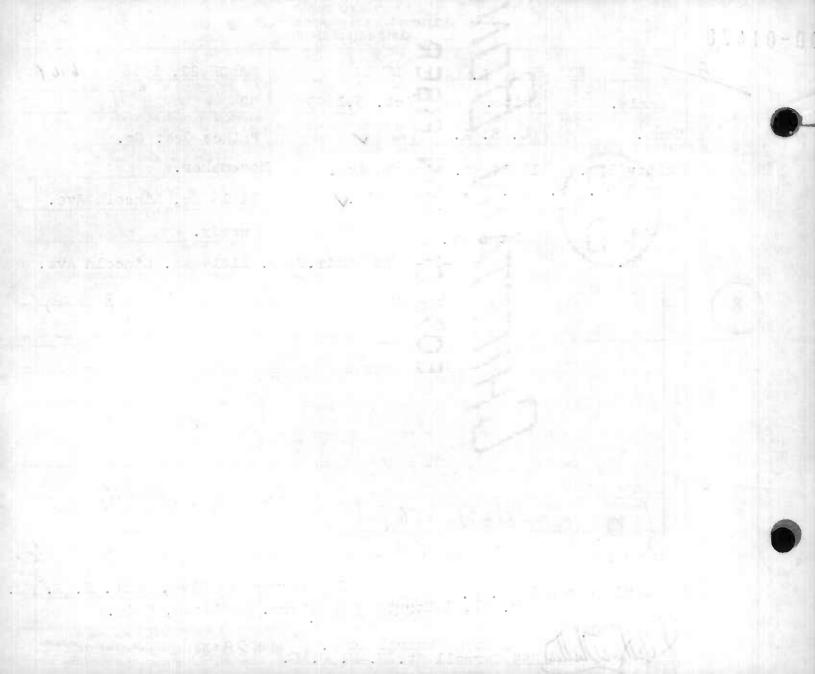
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED MAKE 20 DATE KNOWN X ESTI-DEATH MATED Joseph James Lehman 19 86 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 86 Male White Jan. 10, 1910 76 DEAD THE BUTTHPLACE CHATE OR Th. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Washington, D.C. Prince George's County DIVORCED NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 3330 Lancer Drive, #3 Hyattsville Gov't Sungruixon 13d INSIDE CITY LIMITS? Prince George's Hyattsville 3330 Lancer Drive, #3 Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sader Anita E Lehman Jamos 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS John Colbert 3703 May St. Wheaton, Md. (YES, NO. OR UNKNOWN) 578-60-9965 1943-1946 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 None 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH None P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) Deputy 3/19/86 SIGNATURE MEDICAL EXAMINER 1919 Seminary Road PAGE A TO FU John S. Rogers, M.D. Silver Spring, Montgomery County, Md. Washington. D.C. Mount Olivet 07/84 Busherstorector Francis J. Collins, Ita 25AA **DHMH** - 17 500 University Blud. West Silver Spring. Md. (VR A15 ME (5))

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| 00- | 00007 | | FOR STATE | | | | | | AND MENTAL | HYGIENE |) U | 0 0 | 2 1 |
| 00- | 000,37 | | REGISTRAR | | ME | | EXAMIN | IER'S | ERTIFICATE | OF DEATH | REG. NO | D. | |
| | 23. 53. 53. FT | 1. DECEASED NAME PRIST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 126 HOUR OF ESTI. DEATH MATED 3-C 19 8 M | | | | | | | | | | | |
| | ARY, PLEASE IL DIRECTOR. YOUR FILES. N 72 HOURS | 3 SEX | Male ! | White | 5. DATE OF BIRTH | 07 | AGE (IN YE | | | MIN PRON | ATE OUNCED EAD | 3-6 | VEAR 20 HOUR |
| 8 | FOESSAR NERAL I FOR YOUR | FC | RTHPLACE ISTA | | 76 CITIZEN OF W | HAT COUN | | 10 | ED NEVER MARI | RIED L | ince Geo | orge 's | EATH |
| | () | 0 | linton | F DEATH | 11 NAME OF HOS | on a | INEN | BY DY | ER INSTITUTION | 12a USUAL OC | CCUPATION TYPE WORKING LIFE) | E OF WORK 12b KIN OR | ID OF BUSINESS INDUSTRY |
| 21201 | 13005 | 13a. S | TATE TYLAND | 13b COUN P.G. | DR OTHER INSTITUTION, G ITY | | OR TOWN | ION) | 134 INSIDE CITY LIMITS? YES NO | | | en Drive | |
| BALTIMORE, MD. 21201 | PW PW | | ert errs | C | WIDDIE | Liv | resay | • | 15. MOTHER'S MAID ROXY | | MIDDLE A. | Wo | |
| ALTIMO | URS AFTER DE 8. GIVE PAGE WITH FORM IT. PAGES I AN DIVISION OF | {Y | VAS DECEASED ES, NO, OR UNKNOW | EVER IN U.S. ARI | MED FORCES? WAR OR DATES) N/A | | -20-29 | | Anna M. I | Livesay S | ADDRESS Same as | | |
| ORDS, 201 W. PRESTON ST. | JULD BE EXECUTED WITHIN 24 HOUN 9' PENDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG V SED AS A BURIAL. TRANSIT PERMIT FHEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | z | gave rise cause (a) s lying cause | | (b) | AS A CON | SEQUENCE | OF OF | E OR CONDITION GIVEN IN P | | | | |
| TAL REC | HOULD BE CHIEF MEDI CHIEF MEDI USED AS A OF HEALTH | CERTIFICATION | 19a DATE OF C | PERATION | 196 CONDI | TION FOR | WHICH OPER | RATION W | AS PERFORMED? | | | | UTOPSY? |
| DIVISION OF VITAL RECORDS, 201 | THIS CERTIFICATE SHOWARD THE WORD WARDED TO THE CHIE PAGE 3 SHOULD BE US TATE DEPAGEMENT OF TATE DEPAGENT TO BURK | MEDICAL CERT | 21d. INJURY OF | OR CAUSE OF I | DEATH P.M | I. MONTH | DAY YEAR | 21f. LO | OW INJURY OCCURR | | DF INJURY IN ITEM 18 I | | ES NO STATE |
| • | MEDICAL EXAMINER: CUTE THE CERTIFICATE SE A SHOULD BE FOR- FUNERAL DIRECTOR: ENDEATH, WITH THE SE NAMORE, MARYLAND, | | | that I took charg | ge of the remains de ral causes , | Accident | a. so | Autop | Hamicide Dittle (SPECIFY) Deputy ADDRES 5009 R | Undetermined MEDICAL EX | AMINER | DATE SIGNED 3 | -6-86 s, MD |
| 07/84 | | | URIAL, CREMATI Specify) Burial | ON, REMOVAL 2 | 36. DATE 03/08/86 | | | METERY O | R CREMATORY | 23d. LOCATIO | N Y | COUNTY | STATE |
| 25M | DHMH - 17 | 24 F | UNERAL DIRECT | or Lee F | uneral Ho Ferry Rd. | ome, I | inc. | TH | 25a. DATE | REC'D. BY REGIS | TRAR 256 REGI | STRAR'S SIGNATU | |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | 1. | REGISTRAR | - | | | CERTIF | ICATE OF | DEATH | | REG. NO |). | | | |
|------|---------------|---------------------------------------|--|--------------------------|------------------|----------------|----------------|---|-------------|-------------------|--------------|----------------|------------|-----------------|
| 1 | | CEASED NAME | FIRST | | MIDDLE | | IASI | | 20. DATE (| OF DEATH | | DAY | YEAR | 26 HOUR |
| | | | Ricar | do | N. | | pez | | | | rch 2 | | 1986 | 3:00P M |
| | 1: SE | X | | 4 RACE | | 5. DATE (| | VEAD | 6 AGE (II | N YEARS LAST BIRT | HDAY) | MONTH | DER I YEAR | IF UNDER 24 HRS |
| | M | ale | | Caue. | | MONT | 2 | 13° | 73 | | YRS. | | | |
| | 7a. B | INTHPLACE (STATE C | R FOREIGN | 76 CITIZEN OF | WHAT COUNTR | RY? 8 | - 🗆 | | 9 BALTIM | ORE CITY O | | Y OF D | DEATH | |
| 0 | Ph: | ilippine | ne Islands USA WIDOWED DIVORCED TO Prince George | | | | | | | orge | | | MD | |
| 1 | - | ITY OR TOWN OF D | | 11. NAME OF | HOSPITAL, NUR | SING HOME | | | + | L OCCUPATION | - | 12 | b. KIND OI | F BUSINESS OR |
| | E | erest Hei | ghts | | neca Dr. | | | | Reti | red red | WORKING LI | FE) IN | Drive: | |
| 5 | 11.00 | ALRESIDENCE IF M. STATE Aryland | 13b COUR | | 13c CITY OR TO | | 13d INSIDE O | CITY LIMITS? | 13e STREET | T ADDRESS / | ZIP COD | E207 | 745 | |
| 1 | 14. F | Benign | | MIDDLE | Lopes | E | | S MAIDEN NA/ FIRST risanta | | MIDDLE Fe | 1 | 1 | Nativ | adad |
| - | | WAS DECEASED EVE | R IN U.S. AR | | 16b SOCIAL SE | | 17 INFORM | | | ADDRE | SS | | | |
| | (| (YES NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 095-34- | -6305 | Nicho | las Taf | alla. | Jr. s | ame a | a i | tem | 13 |
| | | 1 | - | | | | | | | | | 1 | | |
| | | PART I, DEATH | WAS CAUSE | nly one couse pe DBY: | | | | | | | | - | BETWEEN | MATE INTERVAL |
| | | | IMMEDIA | TE CAUSE (a) | Deula | iration | | | | | | | | |
| | 1 | 2 Miles | | DUE TO, C | R AS A CONSE | OUENCE OF | | | | | | | | |
| П | 100 | Conditions, if or | | (b)_ | Sepsi | .8 | | | - 1 | | | | | 10 |
| 21 | | gove rise to in | | DUETO | OR AS A CONSE | OUENCE OF | | | | | | | | |
| 31 | | underlying cou | se lost. | (c) | Carei | noma e | f Pres | tate | | | | | | |
| | 100 | PART 2. OTHER SIG | GNIFIC ANT | CONDITIONS | ONTRIBUTING 1 | TO DEATH BUT | NOT RELATE | D TO THE TERM | INAL DISEA | ASE OR CONE | OITION GI | VEN IN | PART DIO | , |
| Ш | 8 | 10.5 | | -17 | | | | | | | | | | |
| 7 | CERTIFICATION | 190. DATE OF OPER | ATION | 196 COND | ITION FOR WHI | ICH OPERATIO | N WAS PERFO | DRMED | 20e AU | TOPSY? | 20b. IF YE | S, WEI | RE FINDIN | GS USED |
| £ | 異 | 1000 | | | | | | | YES 🗆 | NOIX | | FYING ES. 🗀 | CAUSES | OF DEATH? |
| | EX | 21a. ACCIDENT WAS U | NDERLYING [| 7 21b. TIME 0 | OF INJURY | | Tale How It | NJURY OCCURE | | - | | (_ | 39 BART 3) | 140 |
| r | 1100 | OR CONTRIBUTING | _ | | .M. MONTH | DAY YEAR | | John Occom | (ENTER | THATORE OF THE | T IN TIEM TO | r.mai 1 C | Sur aut si | |
| | MEDICAL | JIF EITHER NOTIFY ME | | | .M. | 19 | 200 100017 | 011 | | | | | | |
| | 뜋 | 21d INJURY OCCU | | | OF INJURY | CE FARM ETC) | 211 LOCATI | | | CITY OR TO | VN | C | OUNTY | STATE |
| 1 | 1 | AT HOME TO NOT AT A | MAHIFE | TE HISTORI | Million St. | | | | | | | | | |
| Н | | 220 I certify that | 1) 20000 | ottended t | he deceased from | m 2-21 | 4 | . 19 | , to | 3-21 | <u> </u> | 19_ | 86 | that (1) lost |
| Н | | sow the dece | | t) yiew the body | | . 0 | nd that in (my |) opinion (| deoth occur | red on the do | te and hou | ur ond | from the o | couses stated |
| | | 274 SIGNATURE | | | | | DEGREE | | , | | | | 22t. DATE | SIGNED |
| 3 | | 17/ | 71 | Me | 100 | , Par) | | ATTENDING PHYSICIAN | MEDICA | R PHYSIC | | | 3- | 25-81 |
| , | | 774 PHYSCIAN'S | ME ITYPE C | OR PRINT) | | | 22e ADDRES | | Jameelo | U 111131C | | | | - 010 |
| | | Dr. Heat | or H. | Herrera | . M.D. | | 1712 | I St. N | W. W | ash. D | .C. | | | |
| - 17 | 22- 1 | BURIAL, CREMATION | | | | 2. NIA445 OF C | | | | CATION | | | | |
| 1 | 230 | Cremation | | 3/26/ | | Metropo | | Crematory | | LORIOWN | | cou | INTY | Vate. |

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MAR 2 7 1986

Ricardo Lopez Carco 2, 1406 3:00P

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Philippine Calabon 786 x Frince George

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Maryland Tr. George Worest dits. x 11: Senera Dr. 20713

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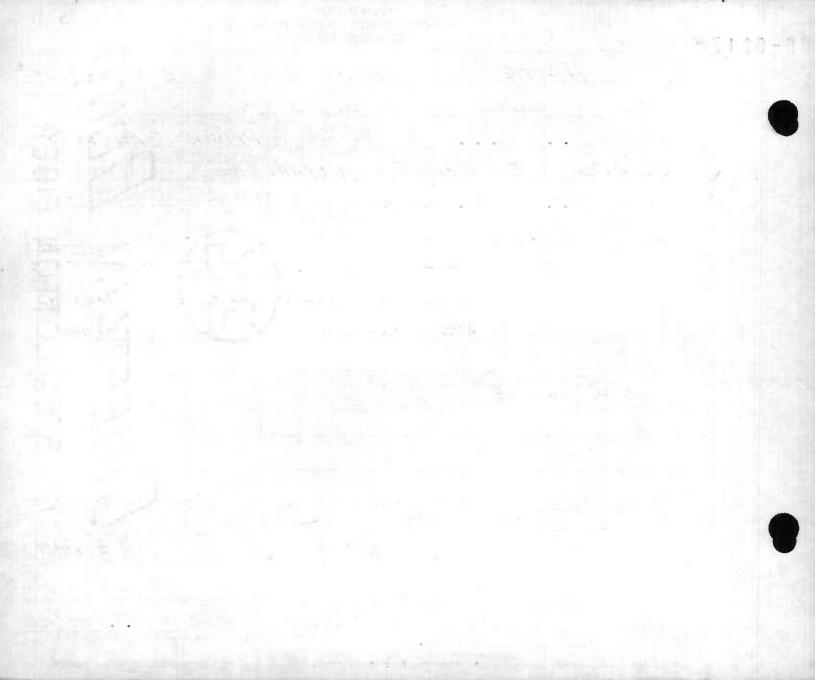
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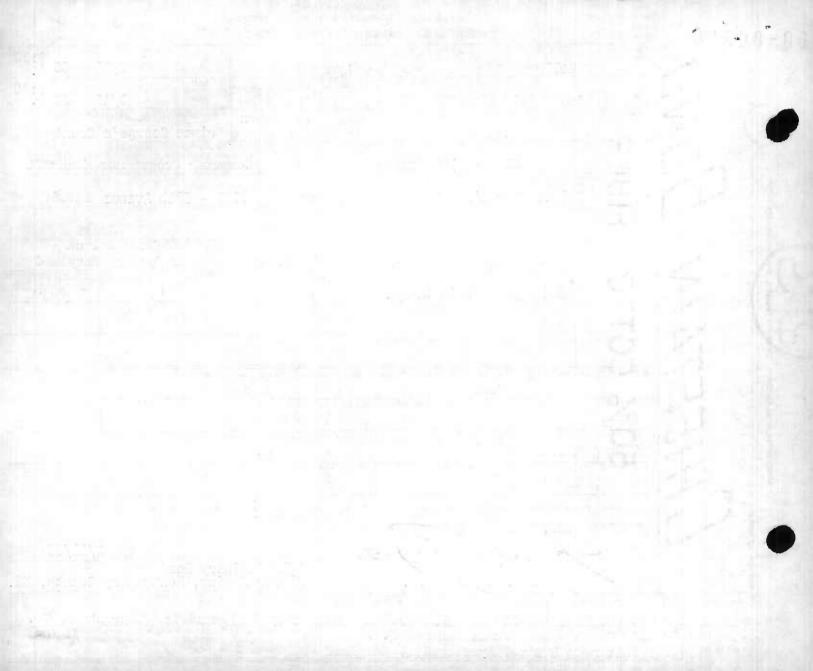
In. Sector B. Ferrers, M.L. 1972 1 St. W.L. Lash. D.C.

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.i. walas 6160 Oxon Hill Md. Oxon Hill, hd.



STATE OF MARYLAND - STATE REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN X TYPE OR PRINTI ESTI-Kelly 1986 D. DEATH MATED Lyons 3. SEX 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1958 Female White Jul 23. DEAD 1986 To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. Maryland Prince George's County IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 7102 - 97th Avenue Computer Programmer Seabrook 13e STREET ADDRESS Prince George's Maryland Seabrook 7102 - 97th Avenue 20706 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Barbara John Lyons Jones 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 510 LePghton Avenue (IF YES GIVE WAR OR DATES) No 212-80-0864 John C. Lyons Silver Spring, Maryland CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Brain tumor. 3 years IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gave rise to immediate cause (D) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION None 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? None YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK STATE Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram Natural couses Undetermined monner TITLE (SPECIFY) DATE 3/11/86 SEGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S HAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. ¥0 236. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Cremation Metropolitan Crematory 07/84 Alexandria, Alexandria, Va. 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue, Hyattsville, Maryland



| STATE OF MARYLAND | |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

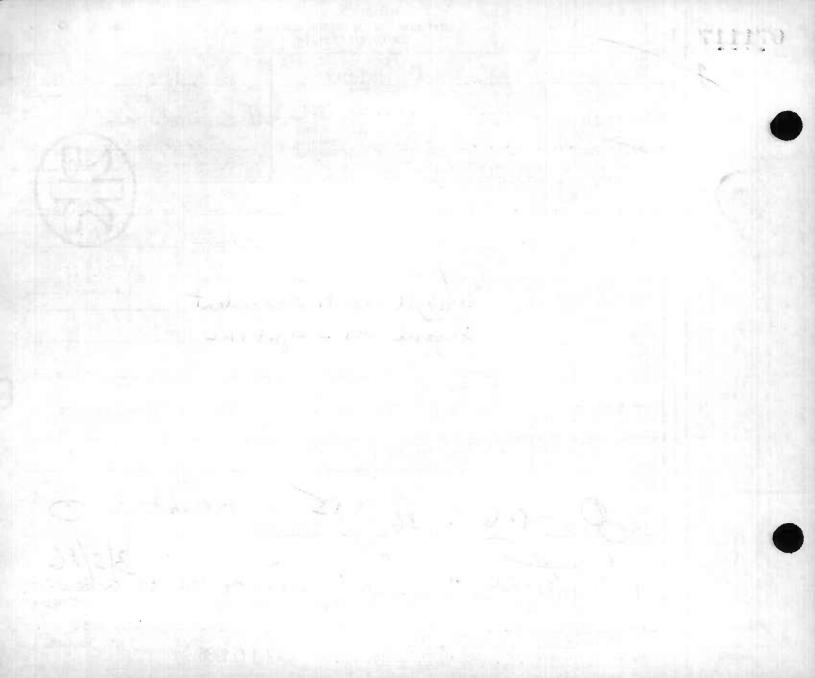
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| | 1 - | FOR STATE REGIST | D | | EALTH AND MENTAL | - | O O | 8 3 | 0 % |
|----------|---------------|--|--|------------------|------------------------|---------------------------|--|--------------------|--------------|
| | 1,00 | SEASED NAME 1951 | MIDDLE | | AST | 20 DATE OF DE | | DAY YEAR | 2b HOUR |
| 1 | 1.56 | WILLIA | M K. | S. DATE C | ALCOLM DE RIPTH | MARCH 6 AGE IN YEARS | | | 5:45 A |
| | MA | A STATE OF THE STA | CAUCASIAN | MONT | DAY YEAR | | | MONTHS DAYS | HOURS MIN. |
| - | 70. BI | RTHPLACE I STATE OR FOREIGN | 76 CITIZEN OF WHAT COL | SEPT. | | 9 BALTIMORE | YRS CITY OR COUNTY | OF DEATH | |
| 1 | | SHINGTON. D.C. | IISA | WIDOWE | DIVORCED | | Prince Ge | onaes | MD. |
| Z | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME | R OTHER INSTITUTION | 120 USUAL OC | CUPATION | 126 KIND OF | BUSINESS OR |
| <u>_</u> | | 'ATTSVILLE | CARROLL MAN | OR NURSI | IG HOME | MANAGER | R MOST OF WORKING LIF | OIL | ASOLINE |
| 5 | MA | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN RYLAND PR. | OTHER INSTITUTION. GIVE RESIDEN NTY 13c. CITY (CHIL | | 13d. INSIDE CITY LIMIT | | RESS / ZIP CODE | | 0783 |
| 1 | 14 FA | | MIDDLE | AST | 15 MOTHER'S MAIDE | N | IDDLE | LAST | 139- |
| - | | KENNETH | | LCO LM | IVOR | THE | RESA | AL | LEN |
| | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 6-2221 | CATHERINE | ANN MALCOLA | ADDRESS WIFE | SAME AS | 13 |
| 4 | | 18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE | aly one couse per line to: (a) | , (b) and (c)) | . 0 1 | . 0 | 4 | | ATE INTERVAL |
| | | IMMEDIA | TE CAUSE (0) | evil | uscular | accide | <u>. </u> | | |
| | | Conditions, if any, which | DUE TO, OR AS A CO | NSEQUENCE OF | Os air A | 11 11 100 | | | |
| | H | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CO | OUENCE OF | 2 400 | harry | | | |
| | | underlying couse lost. | (c) | NO DENCE OF | | | | | |
| | NO | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTI | NG TO DEATH BUT | NOT RELATED TO THE | TERMINAL DISEASE O | R CONDITION GIV | EN IN PART 110 | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 20a AUTOPS | Y? 20b. IF YES | , WERE FINDING | GS USED |
| | RTIF | | | | | | O YE | S 🗍 | NO 🗌 |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MON | | 21c HOW INJURY OF | CCURRED (ENTER NATUR | OF INJURY IN ITEM 18 P | ART I OR PART 2) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY | 19 | 211 LOCATION | | ITY OR TOWN | COUNTY | STATE |
| | × | AT WORK NOT WHILE | (AT HOME, SIREET, FACTORY | OFFICE PARM ETC) | ~ | | / 1 | , | 31416 |
| | | 220 I certify the his hospi | tal) attended the deceased | 67 / | 9850 | , 10 | ARCH | 19.86 /th | (I) (w) lost |
| | | abov 11 (a) Fidid (did no | wew the body alter death | 1. | DEGREE | inion death occurred a | n the date and hou | r and I iam the co | iuses stated |
| | | 7 ~ | | | ATTENDO | NG MEDICAL AN DIRECTOR | STAFF PHYSICIAN | 2/3/ | 81 |
| / | | 224 PHYSICIAN'S NAME (170) | PRINT) | 01 | 220 ADDRESS - 7500 GR | GENWAY | un si | Gals | ENBEIT |
| - | 23o B | SURIAL, CREMATION, REMOVAL | 23b. DATE | 1230 NAME OF C | EMETER OR CREMATE | ORY 123d LOCATIO |)N | | 2 |
| | - 1 | SPECIFY) | Mar. 5. 1986 | | | CITY OR 1 | Spring N | COUNTY | ru Md. |
| | | | is J. Colling | | | DATE REC'D. BY REG | STRAR 25 REGIST | | Shele De |
| | 5/ | 10 University B | | | a. Md. | MAR 1 0 19 | 86 Guhan | aniason-N | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

500 University Blud. W. Silver Spring, Md.



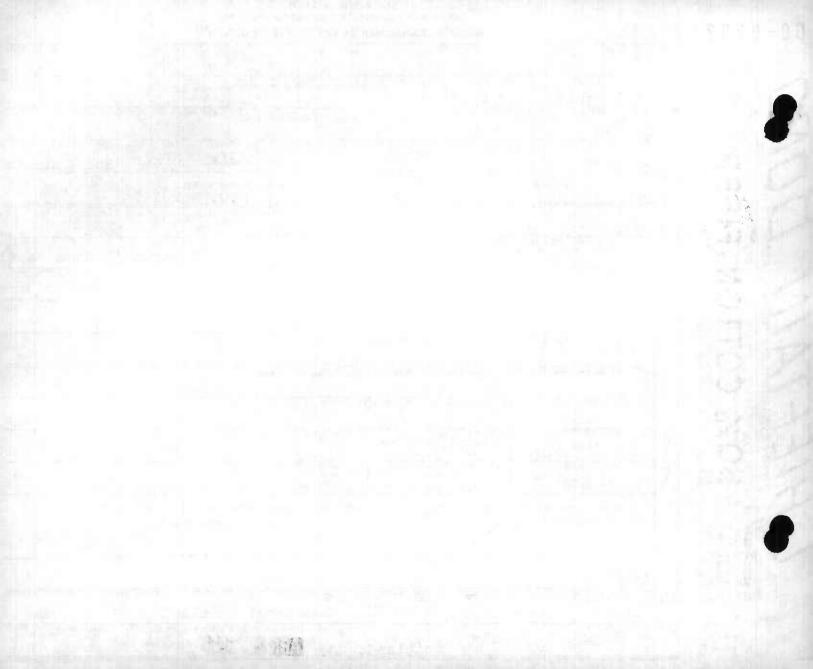
| | 1 | Film G6 | 14 item | 1 | | | MARYLAND | | | - | 5.7 | | 1 |
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| | 1- | FOR STATE 4/1 | 0/86 r | 12 | | | H AND MEN | 1 | 2 U | 0 8 | o o | 0 | 3 |
| 0-01769 | 1.62 | REGISTRAR | | WE | MIDDLE X | AMINER'S | CERTIFICA | | KEG. I | | | | |
| 0 01. 0 | | CEASED NAME | F4R51 | | MIDDLE | | LAST | 10 15 15 15 | OL E311. | MONTH W | DAY | YEAR | 26 HOU |
| ASE FES. CES. | | Kenny | Kenne | | Steven | | Marks | | DEATH MATED | 3 | | 1986 | - 1 |
| 35 E SE | 3. SE. | X 4 RAC | E | 5. DATE OF BIRTH | | GE (IN YEARS IF L | | | 20 DATE PRONOUNCED | HTMOM | DAY | YEAR | 2d. HOU |
| ECESSARY, PLEASE NEAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, | Ma | ile Cai | casia | 02-21-8 | | YRS. 1 | 3 PO | May | DEAD | 3 | 24 | 1986 | 3 P |
| E E A A L | | IRTHPLACE ISLATE OR DREIGN COUNTRY) | | 76 CITIZEN OF WI | HAT COUNTRY | ? 8. MAR | RIED NEVER | MARRIED | 9. BALTIMORE CITY | OR COUN | ITY OF D | EATH | |
| | | ryland | | U.S.A. | | | | IVORCED | Prince G | eorge | 's C | count | Y , MI |
| THE WAY | / 10. C | ITY OR TOWN OF DE. | ATH | 11. NAME OF HOS | | | THER INSTITUTION | N 12a. USU | AL OCCUPATION (T | YPE OF WORK | 12b KIN | ND OF BU | |
| D. 21201 IF ANY DELY IS IF ANY DELY IS AND 3 TO THE POST SETAIN PAGE 5. SHOULD BE FILED IN REGORDS 20 VM. | | Clinton | | Southerr | | | ital | N | I/A | | N/ | A | |
| SEN | USU. | AL RESIDENCE IF IN NE | IRSING HOME O | ROTHER INSTITUTION, GI | VE RESIDENCE BEFO | RE ADMISSION) | | une la cen | TEX ADDRESS | 7.0 | | | |
| AND | | ryland | P. | | Clinto | n | 134 INSIDE CITY LI | 10 D 5913 | Woodland | d Lan | e 2 | 0735 | |
| | _ | ATHER'S NAME | | | | | - | MAIDEN NAME | | | | | |
| 111 d 10 2 7 7)(| 7 . | Paul | | Kevin | Mark | S | Shere | | A. MIDDLE | | | LAST | |
| NOR WAGE | | WAS DECEASED EVER | IN U.S. ARA | | | SECURITY NO. | 17. INFORMAN | | ADDRES | SS | Wa | Ца | |
| ALTIMORE ALTIMORE FORM PAGES I AN FISION OF | - (| res, no, or unknown) N/A | N/A | WAR OR DATES) | N/A | | Paul I | K. Marks | Same as | s 13 | A-F | | |
| A SOE S | | | | | | | Tuur 1 | TELESTED | | 0 20 . | | PROXIMATE | INITERVAL |
| P. KANIT | | PART I DEATH V | VAS CAUSED | y ane cause per line BY: | | | aath Com | J | | | BETV | VEEN ONSET | AND DEATH |
| | | | IMMEDIAT | E CHOSE (0) | | | eath Syn | arome | | | - | | |
| PRESTON ST MITHIN 24 HO ICIL ITEMS NER ALONG AANSIN PERMI PAL HYGENER REMOVAL. | | Canditions, if | any which | DUE TO, OR | AS A CONSEC | RUENCE OF | | | | | | | |
| | | gave rise to | immediate | (b) | | | | | | | - | | |
| OI W. | | lying cause last | | DUE TO, OR | AS A CONSEG | QUENCE OF | | | | | | | |
| CUTE CUTE I EXA ND ME HON, | | | | ((c) | | | | | | | | | |
| IL RECORDS, 201 W VULD BE EXECUTED V VULD BE EXECUTED V VENDING". IN PEI FE MEDICAL EXAM SED AS A BURIAL - T FHEALTH AND MEN AL, CREMATION, O IL | 7 | PART 2 OTHER SIGNIFICAL | NT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED T | O THE TERMINAL DISE | ASE OR CONDITION GIV | EN IN PART 1 Id | | | | | |
| A AS A S A S A S A S A S A S A S A S A | CERTIFICATION | | | | | | | | | | | | |
| HOULD REC'RE REL' (PEE) NEED VOSED V | / ₹ | 19a. DATE OF OPER | ATION | 19b. CONDI | TION FOR WHI | ICH OPERATION | WAS PERFORMED | D? | | | | AUTOPSY? | |
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| S SECOND | 3 3 | CONTRIBUTING | CAUSE OF D | | | 19 | | | | 77,1 | | | |
| DIVISION OF S. CERTIFICATE RITING THE W RDED TO THE E.E. 3 SHOULD B E. DEPARTMEN OI PRIOR TO B | MEDICAL | 21d. INJURY OCCUR | RED | | OF INJURY (A | THOME. 211 L | OCATION | | CITY OR TOWN | CI | OUNTY | | STATE |
| WRI ARE | ~ | WHILE NOT AT WORK | VORK | 10 | / | | | | | | | | |
| TE, TE, ORW, D, 2 | | | | e of the remigues des | scribed above I | held on Auto | apsy X, In | spection . | Inquiry | and in my a | ninian | | |
| A STATE OF THE STA | | death resulted from | | ofsetter X | Actident [| Suicide [| , Hamicide | | ermined manner | | pillon | | |
| REGERAL SECTION OF THE SECTION OF TH | | dediti resolled froi | V | 1 | 17 | a, Soicide L | TITLE (SPEC | | simmed monner | 1. | | | |
| A SOUTH A | | ACTUAL | X | //) | 1 | | MDASSIST | - L | | DATE | | 3/25 | 186 |
| SHE EAT | 7 | SIGNATURE | | 0 | | | W.Di.100110C | MED MED | ICAL EXAMINER | SIGN | IED | 3/23 | 700 |
| A PUNCTOR | 4 | EXAMINER'S NAME | Grec | jory R. Ka | auffman | M.D. | ADDRESS 1 | 11 Penn | St. Balt | o.MD. | | | |
| DIVISION OF VI TO MEDICAL EXAMINER: THIS CERTIFICATE SHEXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CAPERED OF THE STATE DEPARMENT AFTER DEATH. WITH THE STATE DEPARMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD 1 | 73n F | SURIAL CREMATION, | | | | | OR CREMATORY | | CATION | | | | |
| | (| SPECIFY) | | | | | atl. Cem | CITY | itland | P.G | UNTY | | are land |
| 07/84 BP | | urial UNERAL DIRECTOR | Too Ev | 3/27/86 | wasn. | LIGLOII N | | | REGISTRAR 25b. REG | | | Mary | Land |
| DHMH - 17 | | NAME E E | | | | | | MAR 2.7 | | Javido | | | |

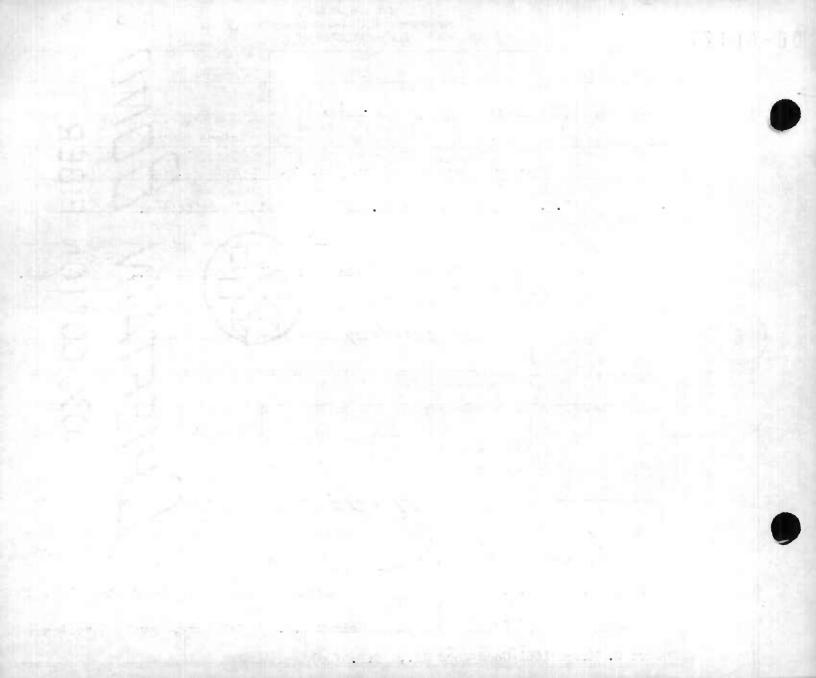
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X (TYPE OR PRINT) Helen DEATH MATED Marshall 1986 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH DATE PRONOUNCED Female White Feb. 20, 1893 93 1086 Th CITIZEN OF WHAT COUNTRY O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince George's County DIVORCED CITY OR TOWN OF DEATH FOR MOST OF WORKING LIFE Housewife Presidential Woods Nursing Home Adelphi 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS Primrose Road Maryland Anne Arundel Annapolis 21403 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Bruce Grace Barnes 68. WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) 216 10 4252 M's Patty Froelicher 906 Primrose Rd 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary embolus IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which fracture of left humerus gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the underlying cause last. fall. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM IS PART LOR PART 21 HOUR A.M. MONTH DAY YEAR Fell in nursing home. 10 86 CONTRIBUTING CAUSE OF DEATH 211 LOCATION WHILE AT WORK Metzerott Road, Adelphi, Prince George's Cty., Nursing Home Inspection X 228. I certify that I took charge of the remains described above, held an death resulted from Matural causes Homicide TITLE (SPECIFY) DATE 3/11/86 Deputy 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, Md. Burial March 14'86 Druid Ridge Cemetery Pikesville, Balto., Maryland 07/B4 24 FUNERAL DIRECTOR Harry H Witzke & Family Funeral Home DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Inc. 4112 Old Columbia Pike Ellicott City (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE -0252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME O. DATE KNOWN X (TYPE OR PRINT) OF DELAT IS UNESCAME, FLOCK 310 THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DIE FILED WITHIN 72 HOURS. RIE TOI W PRESTON STREET, DEATH MATED 3/ Linda Marie Martini 27/19 86 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 30YRS FEmale White 1955 Dec 9 DEAD 27/19 86 PM TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Maryland

O CITY OR TOWN OF DEATH USA DIVORCED Prince George's County, MD WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12% KIND OF BUSINESS Social Worker OR INDUSTRY Largo 2nd Genesis I-95 South of Rt. USUAL RESIDENCE LIFTIN NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NO COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 21201 Box 117 Maryland Anne Arunde Deale NO [] P.O. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Michael Dowty Martini Marie 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** IYES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marie & Michael Martini Same as No 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTNEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI THE **FUNERAL DIRECTOR**: PAGE 3 SHOULD BE UT AFTER DEATH WITH THE STATE DEPARTMENT OF BAREMORE, MARYDAND, 21201 PRIOR TO BURI YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUNTM. MONTH DAY YEAR UNDERLYING X OR subject driver of auto/tractor trailer impact 3/ 27/10 86 CONTRIBUTING CAUSE OF DEATH 8: 03 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 1-95 South of Rt. roadway 214, Pr. Geo. Co., 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram. Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 3/28/86 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Md Cedar Hill Cemetery Suitland PG Buria. 31Mar1986 07/84 24 FUNERAL DIRECTOR
NAME ROBERT E Wilherms
Funeral Home 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Suitland, (VR A15 ME (5)) Md

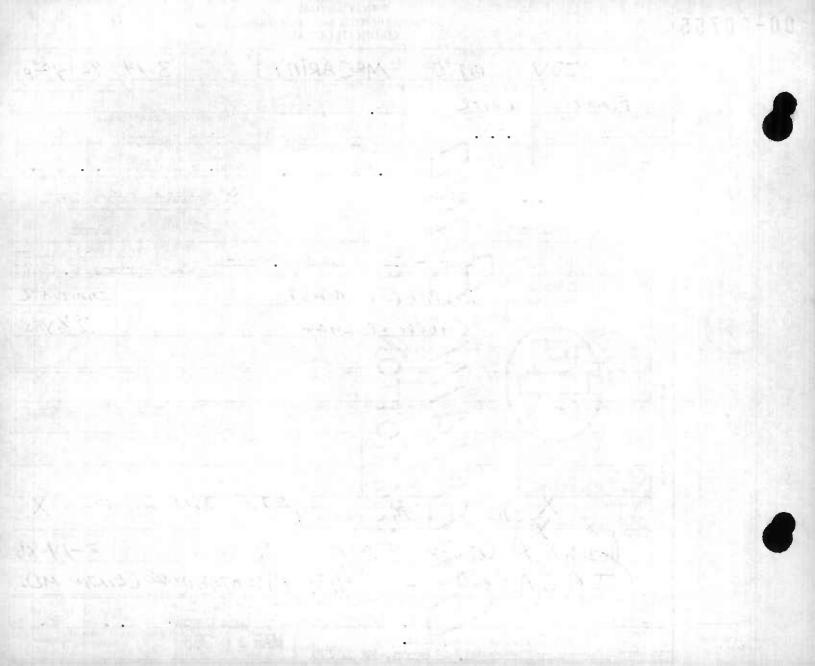




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| 00-00755 | FOR STATE REGISTRAR | | | STATE OF MAR MENT OF HEALTH AI CERTIFICATE C | ND MENTAL HYGI | ENE S O | 0 8 | 3 5 9 |
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| noy be poge 3 | I. DECEASED NAME (TYPE OR PRINT) | JO Y | O770 | MCC A | arthy | 20. DATE OF DEATH | 3 14 8 | 86 4.50 M |
| ge 4 rector, | Femal | e who | ite | Feb. 23 | 1913 | 73 | YRS | DAYS HOURS MIN. |
| deoth Po | Missouri | U.S. | OF WHAT COUNTRY A. | | | 9. BALTIMORE CITY OF | eorge's (| |
| by the fu | Clinton | (IF NOT IN 9411 | SUCH FACILITY, GIVE STREE | Dr.Clinto | | 120. USUAL OCCUPATION OF WORK FOR MOST OF TRANS. Spec | ON 12b. K | S. Govt. |
| and 21 hou 24 hou whould be | Maryland | 13b COUNTY P.G. | 13c CITY OR TOV | VN 13d. INSIE YES | DE CITY LIMITS? | 9411 Gwynno | dale Drive | e 20735 |
| MARYI d with | Henry FIRST | Ernest | Otto | | ier's maiden nam Vada | WIDDIE | Pal | lmer |
| TIMORE, MARYLAND te be executed within 24 ricon and completely filler ters. Pages 1 and 2 should il. the medical experiment | 160 WAS DECEASED EVI (YES NO OR UNKNOWN) | IF YES CAY WAR OR DATES | S? 166 SOCIAL SEC | | icia M. D | itrick Can | 7103 M | urphy Court |
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| W. PRESTON bot the state of the | Conditions, if or gove rise to i couse (a), sta underlying cau | my, which (b) mmediate ting the DUE TO | OR AS A CONSEQUENCE OF AS | er of 24 | NG | | | 2 gyas |
| requires the record of the place of the plac | | GNIFICANT CONDITIONS | | DEATH BUT NOT RELA | | NAL DISEASE OR CONE | DITION GIVEN IN PA | |
| AL REC | NO 190. DATE OF OPER | 170 CO | NDITION FOR WHICH | OPERATION WAS PE | Krokmed | YES NO | | AUSES OF DEATH? |
| NG PHYSICIAN: The low requirent the transfer of the transfer o | OR CONTRIBUTING | CAUSE OF DEATH HOUR | E OF INJURY A.M., MONTH [P.M. | DAY YEAR | W INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I OR P. | ART 2) |
| IVISION UG PHYS other this ter this is the bu | (IF EITHER NOTIFY MI 21d, IN JURY OCCU WHILE NOT AT WORK | | CE OF INJURY , STREET, FACTORY, OFFICE, | FARM, ETC.) 21f LOC | ATION | CITY OR TOV | WN COUN | NTY STATE |
| ATTENDIN spiral or CTOR. Af for use of of Health | 220.1 certify that saw the deca abave, (1) | - 1.2 | the deceased from, | %6_, and that in (| my) (o ki opinion d | eoth occurred on the do | te and hour and fro | , that (I) (Se) last |
| TAL OR Port of the hory the hory RAL DIREC detached fore Dept. | The SIGNATURE | plp. (| ann | DEGREE | | MEDICAL STAF | | 3-14-86 |
| TO HOSPITAL retoined by the TO FUNERAL should be dest with the Store | OJ. | | 150 | 22e ADD 91. | 31 Pis | CATOWOY | RD. CLIN | MN MD. |
| BP | 230 BURIAL, CREMATION (SPECIFY) Burial | N, REMOVAL 236. DATE | | NAME OF CEMETERY | | 23d. LOCATION CITY OR TOWN | P.G. | STATE Md. |
| DHMH- 16 30M 2/80 | 24 FUNERAL DIRECTOR | Lee Funeral | Home, AD Inc | | 250 DATE | REGID BY REGISTRAR | 75b. REGISTRAR'S SI | GNATURE |



| 70 B | SIRTHPLACE (STATE OR OREIGN COUNTRY) Shington, D. C. CITY OR TOWN OF DEATH IMP Springs ALRESIDENCE IN INNURSING HOME OR. | 5. DATE OF BIRTH DAY July 2 19 76. CITIZEN OF WHA V.S.A. | ADDLE 1 6. AGE (IN YEAR LAST BIRTHDAY 70 YRST COUNTRY? | MARRIED NEVER MAR WIDOWED DIVOR | 20. DATE KNOW OF ESTI- DEATH MATEU R 24 HRS 24 DATE PRONOUNCED DEAD 9 BALTIMORE CI | 3-31 1986 3-31 1986 3-31 1986 |
|--|---|--|---|--|--|-------------------------------------|
| 7a Bi Fo Was 10 Clar USU/13a S I Mi | SIRTHPLACE (STATE OR OREIGN COUNTRY) IShington, D. C. ITY OR TOWN OF DEATH IMP Springs ALRESIDENCE IN INNURSING HOME OR | S. DATE OF BIRTH DAY July 2 19 76. CITIZEN OF WHA V.S.A. | YEAR 6. AGE (IN YEAR LAST BIRTHDAY 70 YRS T COUNTRY? | S IF UNDER 1 YR IF VIDE MONTHS DAYS HOURS MARRIED NEVER MAR WIDOWED DIVOR | OF ESTI- DEATH MATER R 24 HRS 24 DATE PRONOUNCED DEAD PRIED 9 BALTIMORE CI | 3-31 1986 3-31 1986 3-31 1986 |
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| Cal USU/ 130 S Mi | mp Springs ALRESIDENCE (IF IN NURSING HOME OR | 11. NAME OF HOSPIT | TAL, NURSING HOME, | | | |
| 130 S Mi | STATE 136 COUNTY aryland Prince | - | d Blance | h Road | Bookkeeper | Ret. Private I |
| | | | RESIDENCE BEFORE ADMISSION AND Spring | 13d. INSIDE CITY LIMITS? YES NO [| | anch Avenue 20748 |
| | Edmond | MIDDLE | Rollins | 15. MOTHER'S MAII MATY | DEN NAME MIDDLE | Granger |
| | WAS DECEASED EVER IN U.S. ARMI YES, NO, OR UNKNOWN! (IF YES, GIVE W. | AR OR DATEST | 166 SOCIAL SECURITY 577-07-5871 | NO. 17. INFORMANT | ADD | RESS |
| NO | Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS CO | (b) DUE TO, OR AS | A CONSEQUENCE O | | PART 1 (a). | |
| CERTIFICATION | 19a. DATE OF OPERATION | 196. CONDITIO | ON FOR WHICH OPERA | TION WAS PERFORMED? | | 20 AUTOPSY? |
| | CONTRIBUTING CAUSE OF DE | EATH P.M. | MONTH DAY YEAR | | RED (ENTER NATURE OF INJURY IN IT | |
| MEDICAL | WHILE NOT WHILE AT WORK | 21e PLACE OF STREET, FACTOR | INJURY (AT HOME, Y, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY |
| | ACTUAL SIGNATURE HUGUITA | | bed abave, held an ccident , Suic | Autopsy Inspect ride Homicide TITLE (SPECIFY) Deput | Undetermined manner | ond in my opinion DATE 3 -31 |
| | | | riguez, M. | | | , Temple Hills, N |
| 23a.B | BURIAL, CREMATION, REMOVAL 236 (SPECIFY) Burial 4 | /4/86 | Congressi 60 Oxon Hi | ETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN Washingto | on. D. C. STATE |

STATE OF MARYLAND

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will be Compressional Ceretary vernington, J. C. leinuh

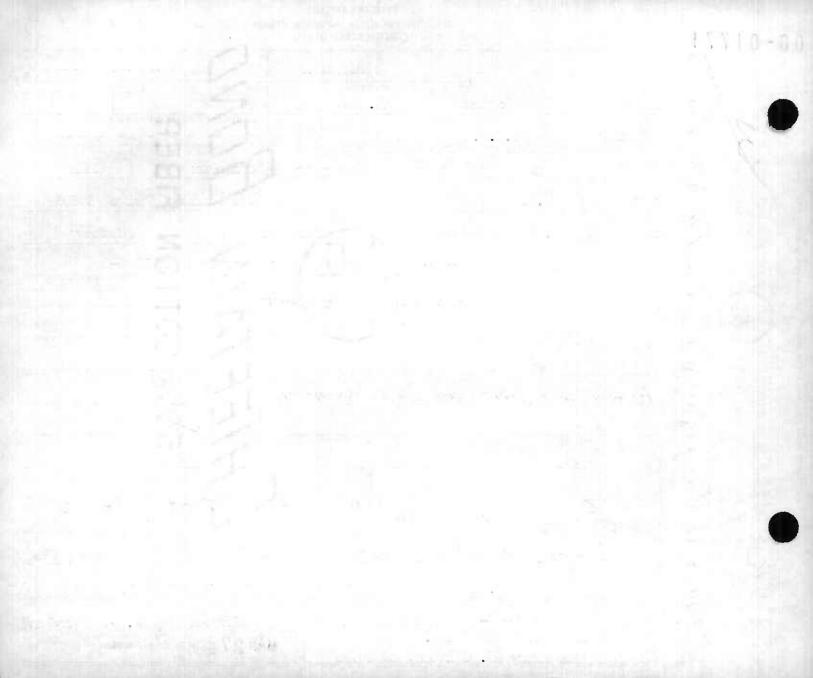
6160 Gxcn Bill Pc. George . Kalas Treral Mone Cxon Hill, Md.

STATE OF MARYLAND

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| | | | 17 per F. | H. 3/31 | /86 kam | | | ARYLAND | HYCIENE | - | 0.8 | 8 7 | 2 |
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| 0 - | 00986 | | STATE REGISTRAR | | | DEPARTMENT OF F | | ERTIFICATE | OF DEATH | O DEC | 5. NO. | | - |
| بيد | \ <u>\</u> | I DE | CEASED NAME | FIRST | | MIDDLE 11/1 | p 1 | AST | 70. D | | N MONTH | DAY YEAR | 26 HOUR |
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| | TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE POPE 4 SHOULD BE PORT TO FUNERAL DIRECTOR: AFTERDEATH, WITH THE S BALTIMORE, MARYLAND, | | (TYPE OR PRINT) | Augus | to P. Ro | driguez. M. | D. A | DDRESS_5009 | Raybur | n Ct, | Temple | Hills | , MD |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN LUMB OR MENU OF ESTI-M. Alfred McKinley DEATH MATED 6 AGE (IN YEARS | IF UNDER) YR. LIF UNDER 24 HRS S RACE 5. DATE OF BIRTH DATE IAST BIRTHDAY) PRONOUNCED May 16, 1925 60 Male White DEAD TH BIRTHPLACE INTAIL OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Pennsylvania Prince George's County WIDOWED [DIVORCED [CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Leland Memorial Hospital Photo Analyst D.I.A. SUAT RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 4107 Longfellow Street 13d. INSIDE MY LIMITS? Prince George's Hvattsville Maryland YES NO T 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Thomas William McKinley Sr. Edna Mache 11 Maude 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 579-26-2669 Dorothy McKinley (Wife) Same as #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | N 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection X and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) SIGNATUR John S. Rogers, M 1919 Seminary Rd. Silver Spring.Md. EXECUTE PAGE 4 TO FUN 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 3/22/86 Fort Lincoln Cemetery Brentwood 07/B4 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

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g. Comebia Sonn F.H. I.K. Brattevillo, Certand . Nr. C. Com. St. Com.

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| | | irginia | United | States | WIDOW | | | | | | |
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| For 1 | | CHEVERLY | | E GEORGES | | RAI HOSPITAI | Housewife | OF WORKING LI | FE) INDUSTRY | rate | |
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| 75 | M | aryland 13b Co | 3 | Captto1 | Hts. | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 520 Date | Leaf | Avenue | 173 | |
| 12/ | | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NA | ME | 2001 | | | |
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| 100 | | VAS DECEASED EVER IN U.S. | | 16b SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | Rowes | - | |
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| Show | RT | | | 05.000 | | Tax | YES NO | | ES 🗌 | NO 🗌 | |
| Hygu Sh | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | | OF INJURY A.M. MONTH DA | YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJU | RY IN ITEM IB | PART OR PART 2) | | |
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| W pu | MEDICAL | 21d. IN JURY OCCURRED | | OF INJURY TREET, FACTORY, OFFICE F. | ARM ETC) | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | |
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| E S | 10 | 220.1 certify that (1) (this ha | | | 2 | 20) 19 86 | , to | 10 | | that (f) (we) last | |
| of 121 | | sow the deceased alive above, (1) (was (did) (did | not) view the bod | y ofter death. | . 01 | nd that in (my) (our) opinion (| death occurred on the d | ote and hou | ond from the | causes stoted | |
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| 60M 7/84 5, 4) | | LEXANDER S. P | OPE-2617 | Pa AVE SE | Wash | DC MAR I | 7 1986 21 | | - Panois | | |
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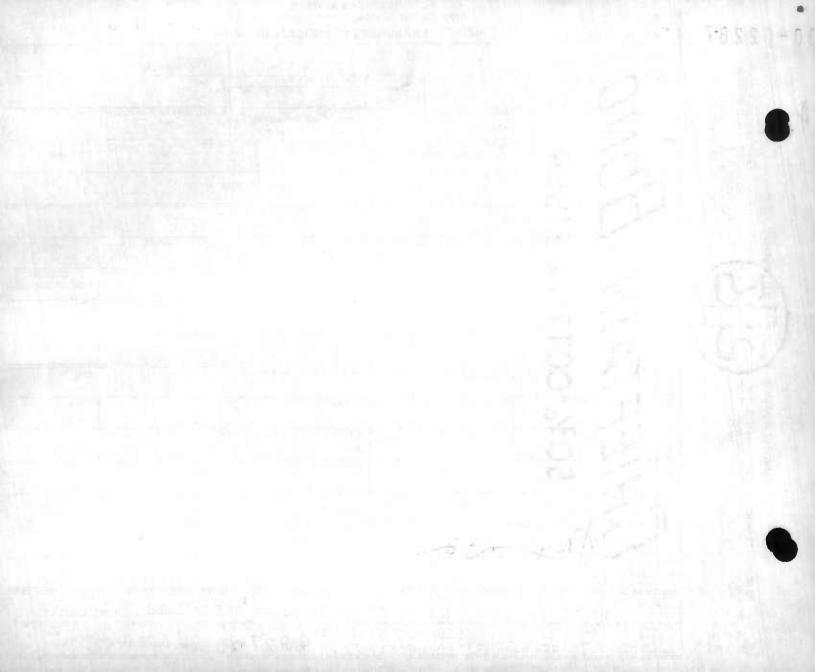




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| 201 W. PRESTON ST es that the death certi ned by the attending p please remove corban urial, cremotion, or ren v. or other froumatic ev. | - | | | success | | |
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| and a de | | Conditions, if any, which gave rise to immediate | (b) 720 18 | | 7.10 | |
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| 0 | PA | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YE | S, WERE FINDINGS USED |
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| the process of the control of the co | | | Singu | MD ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 104-04-86 |
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| 7 - | S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS | 0 | HIO | U | SA | | WIDOV | | | Centrae! | s County | Z AAD |
| | | 7/10 | CITY OR TOWN OF D | | | PITAL, NURSING HOM | E, OR OTH | ER INSTITUTION | 120. USUAL OCCUPATION | N TYPE OF WORK | 126 KIND OF BU | USINESS |
| | DELAY IS 1 TO THE F N PAGE | 7 | Riverdale | | | CILITY, GIVE STREET ADDRESS) Memorial Ho | oeni+ | 2] | FOR MOST OF WORKING LIF | Ē) | OR INDUST | RY |
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| 4 | F 7.6.2 | | FATHER'S NAME | | | Timbilita | | 15. MOTHER'S MAID | | M SIKE | | |
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| A TIV 30 | AS A CREATH | 7 | 190. DATE OF OPE | DATION | I w sound | HOLLEGO MANGELOS | 21710111 | | | | | |
| | S CERTIFICATE SHOULD E RITING THE WORD "PER REDED TO THE CHIEF MI BES SHOULD BE USED A E DEPARTMENT OF HEAD OI PRIOR TO BURIAL, CI | / 1 | DATE OF OPE | RATION | 196. CONDI | ION FOR WHICH OPE | RATION | AS PERFORMED? | | | 20 AUTOPSY | ? |
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| Č | A HE HE WELL | 2 | UNDERLYING | | HOUR XX | MONTH DAY YEA | R ZIC. H | OW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN IT | EM IB PART I OR P | ART 2) | |
| NOISING | PA PA PA | 1 | CONTRIBUTING | CAUSE OF DEATH | | | | | ipitated from | n windo | W. | |
| 27 | PAGE SE | | 21d INJURY OCCU |)T WHILE 47 | | OF INJURY (AT HOME, ORY, FARM, ETC.) | | CATION | CITY OR TOWN | C | OUNTY | STATE |
| - | E, WRIT E, WRIT E, WRIT E, PAGE STATE D | | WHILE NO | WORK 1 | buil | ding | Uni | v. of MD, | Farm Dr., Co. | llege P | ark | MD |
| | | | | | e remains des | cribed above, held an | Autop | sy X. Inspection | on , Inquiry | Princ | e George | S |
| | EXAMINER: CERTIFICATE VUID BE FORV DIRECTOR: I, WITH THE S MARYLAND, | | death resulted f | pm: Natural cau | · D | Accident . Se | uicideXXX | | Undetermined manner | | | |
| | X III II II X | | 1 | 0 |) - | | | TITLE (SPECIFY) | **** | | | |
| | CAL EX THE GER SHOULD RAL DIR SATH, WI | | ACTUAL SIGNATURE | 11/2 | 1 | 9 | ٨ | 1 / | T_MEDICAL EXAMINER | DATE | | -86 |
| | SET SET SE | 1 | | 9 | / | | | | | 0.0 | | |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BAYTIMORE, M | 10 | (TYPE OR PRINT) | E Ann M | I. Dixo | n, M.D. | | ADDRESS 111 | Penn St., Bal | Ito., M | D 21201 | |
| 1.0 | 5245A | 23 | BURIAL, CREMATION | I, REMOVAL 236 DA | TE | 23¢ NAME OF CE | METERY C | | 23d LOCATION | | | |
| 4 4 | 1 8049 | | Buri | a1 3/2 | 22/86 | Smithf | iel | d Cemeter | y Smithfie | ld k | Centuck | y |
| 25M | DHMH - 17 | 24 | FUNERAL DIRECTOR | | | 520 S Wa | shi | neton 250. DATE | REC'D. BY REGISTRAR 256 | REGISTRAR'S | SIGNATURE | |
| | (VR A15 ME (5)) | | Demaine | Funeral | Home | lexandria | V. | MAR 2 | 7 1086 Sulur | kauralour-k | Coulograph | |
| | | | | | - 41 | TO AS COLOR A D. C. | - 1 | 50 | ALCOHOL: NO CONTRACT OF THE PARTY OF THE PAR | - | | |



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

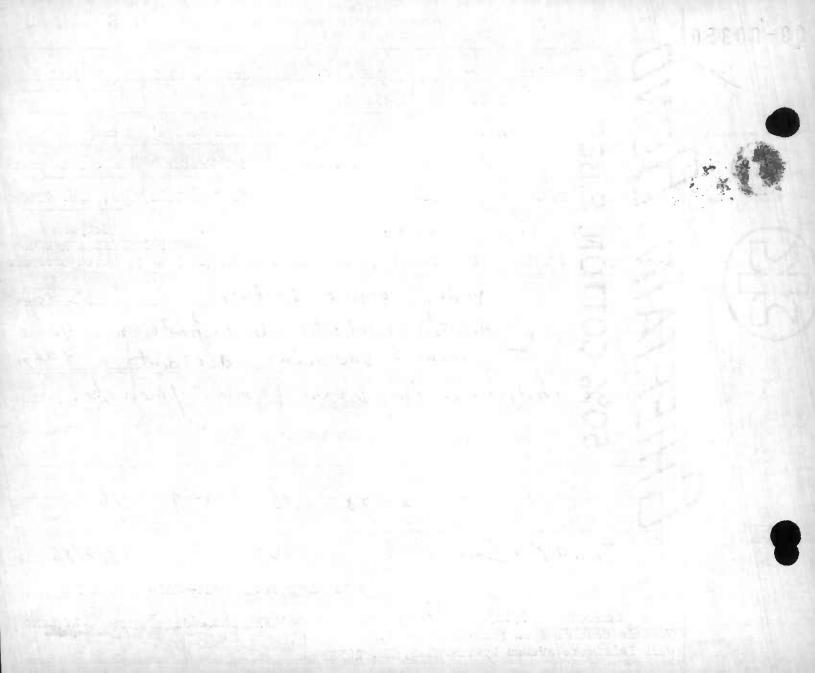
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| | REGISTRAR | | | CEKLIE | ICATE OF DEATH | REG. NO | | | | | |
|---|---|--|--|----------------------------|--|---|---|---------------------|-------------------|----------------|--|
| u | I DECEASED NAME FIRST | | MIDDLE | ı | AST | | AONTH DAY | YEAR | 26 HOUR | R | |
| Ч | (TYPE OR PRINT) Frede | rick | E. | MEN | NKE, Jr. | March 9, 1 | 986 | 1 | 2.21 | DМ | |
| ł | 3. SEX | 4. RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIRTH | | DERIYEAR | IF UNDER 2 | | |
| | Male | Whi | te | Apri | 1 13, 1920 | 65 | YRS. | | HOURS | MIN | |
| 7 | 70. BIRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMORE CITY OR | | | | | |
| | New York | U.S.A | | WIDOWE | DIVORCED | Prince George's County | | | | | |
| 3 | Lanham | Doctor | S HOSPIT | al of | P.G. County | Weigh Maste | | DUSTRY NOTE | | Meat | |
| 5 | Maryland 136 P | | Greenbel | | 136 INSIDE CITY LIMITS? | 8473 Greent | zip Coot Roa | id, A | pt. # | #T2 | |
| 3 | 14 FATHER'S NAME Frederick | MIDDLE E | Menke, | Sr. | is. mother's maiden na E1eanor | M. ODIE | | Tra | - | | |
| ٦ | 160 WAS DECEASED EVER IN U.S. | | 166 SOCIAL SECU | | 17 INFORMANT | | s 523 Ma | | | | |
| | Yes-Navy W. | Yes-Navy W.W.II 079-05-7597 Frederick B. Menke (Son) Cary, Nor | | | | | | | | | |
| 2 | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICATE LYCHIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | DUE TO, O ON T CONDITIONS CO 19h COND | | NCE OF NCE OF NCE OF | and arteriese Vazcula NOT RELATED TO THE TERM DISPESSED F NWAS PERFORMED | lesotic her lesotic her acci engage t 200 AUTOPSY? YES NO | dent dent Tion given in Dale M 206. IF YES, WEF IN CERTIFYING YES | RE FINDIN CAUSES | | lay | |
| 111111111111111111111111111111111111111 | The section was undertried or contributing _ cause of _ (if either notify medical exam 21d Injury occurred _ at work _ at work _ at work _ 22e.I certify that (I) (this h | DEATH HOUR A. INER) P. 21e. PLACE (AT HOME. ST | M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F. | 19 | 211 LOCATION SIREET | CITY OR TOW | | OUNTY | 51 that (1) {w | TATE ve) last | |
| , | saw the deceased alive obave, (1) (we) (did) (die 22b SIGNATURE 22d PHYSICIAN'S NAMP) Tung P. Lee | an and view the body | olter death 19 & | | 22e ADDRESS | death accurred an the date of | AN [] | 3/9 | SIGNED | ted | |
| | 23e BURIAL, CREMATION, REMOV | | 1 23c N | AME OF C | EMETERY OR CREMATORY | 23d LOCATION | TITE, MC | 4 40 | 783 | | |
| | (SPECIFY) Crematio | | 100 | | litan Cremato | CITY OR LOWN | vou N.M. ciri | | /irgi | nia | |
| | 24 Financias Casch's | Sons Fu | | | | E REC'D. BY REGISTRAR ? | Sh. REGULERY | | model | - | |
| | 4739 Baltimore | | | | Md. 20781 MAR 1 4 1980 y | | | | | | |

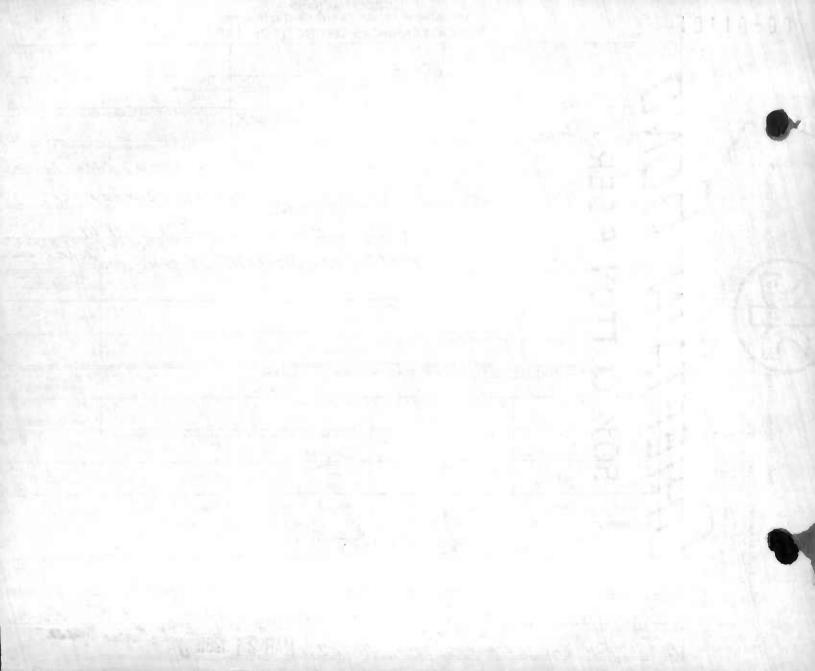
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DEFILED. WITHIN 72 HOURS. 201 W.-PLESYON STREET, D DEATH MATED XX 30 19 86 Steven Mitchell 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 5:25P Nov 28 1961 2 4RS DEAD White 1986 Male TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Wash DC Prince George's County MD WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Upper Marlboro field nr. 6400 Pond Drive Cashier Retail USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr George 13a STATE Upper Marlborg 13d INSIDE CITY LIMITS? 6408 Pond 20772 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Richard Judith Williams Mitchell A D 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! Richard & Judith Mitchell Same No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carbon monoxide intoxication IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 30 19 86 inhaled exhaust fumes from auto 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 711 LOCATION WHILE AT WORK AT WORK in auto in field nr. 6400 Pond Drive, Upper Marlboro, P.G., MD. TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inspection X 220 I certify that I taok charge of the remains described gloove, held an Autopsy Suicide X death resulted from Notural causes Homicide L. Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 4/2/86 Mr Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth / M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY STATE d 4Apr1986 Suitland CEder Hill Cemetery Burial 07/84 BP 25M 24 FUNERAL ROBert E Wilhelmess 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 Julian Davidson Randelles Funeral Home (VR A15 ME (5)) Suitland

| | | | Film G614 item | 6 | | TE OF MARYLAND | | 4% | 174 | 0 0 | () |
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| UU. | -0110 | 1. | STATE 4/10/86 REGISTRAR | ME | DICAL EXAMIN | IER'S CERTIFICA | ATE OF DEA | TH REG. NO. | | | 4 |
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| | PLEASE ECTOR. R FILES. HOURS STREET, | | Brent | | ARTHUR | Moffett | | DEATH MATED XX | 3-15 | 1986 | M |
| | 地で用る話 | 3 SEX | 4 RACE | DATE OF BIRTH | | | | C. DATE | MONTH D | DAY YEAR | 2d. HOUR |
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| | 克里克多克 〇 | Wi | LMINSTON DEL. | USH | 1 | WIDOWED | DIVORCED | Prince Geo | rge's | County | V. MD |
| | WWW. | ID. C | | 11. NAME OF HO | SPITAL, NURSING HOM | E, OR OTHER INSTITUTIO | ON 120 USU | AL OCCUPATION (TYPE O | | KIND OF BL | JSINESS |
| | S生器817 | | | | ACRITY, GIVE STREET ADDRESS) | | FORM | OST OF WORKING LIFE) | 100 | OR INDUST | RY . |
| | 30-300C | | Laurel | 332A Mc | ontgomery St | reet | HAID | DRESSOL | H | AR D | ESIFNS |
| 5 | - NEEDO | | AL RESIDENCE (IF IN NURSING HOME OR TATE 136_COUNT) | | SIVE RESIDENCE BEFORE ADMISS | INSIDE CITY I | INUTCO 1124 STOR | ET ADDRESS | al A | ラクニ | 7 |
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| | # COMP | 14 6 | ATHER'S NAME | JORNIGE | THANKEL | | S MAIDEN NAME | 1 110101 50 | MERCY | 3/ | |
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| BALTIMORE | ANG AND | | ELUBOD | | MOFFETT | - HAN | WAH | P | E | 14 | |
| 8 | SEREZ / | 16a. V | WAS DECEASED EVER IN U.S. ARMI | | 166 SOCIAL SECURIT | | | ADDRESS | 0869 | PLEA. | SANT |
| Ē | E F R R R | () | ES, NO, OR UNKNOWN) (IF YES, GIVE W. | AR OR DATES) | 711-1111-1 | 1000 V- 1 | n.cram | 0 - 0 | | ACRES | DR. |
| × × | PAHE | | | - | 101-77 6 | 118 KEN! | IOFFEIL | FRELPHI | ma | , | |
| | S N N | | 18 CAUSE OF DEATH (Enter only | mar. | | | | | | APPROXIMATE BETWEEN ONSE | |
| TS N | HAN SA | - | PART I DEATH WAS CAUSED IMMEDIATE | | Strangulatio | n | | | | | - |
| PRESTON | 1 PER GIEN | | WWWEDIATE | | R AS A CONSEQUENCE | OF | | | | | |
| E | N T S T S T S T S T S T S T S T S T S T | | Canditians, if any, which | 1 | | | | | | | |
| | N PENCIL XAMINER XAMINER AL-TRANS MENTAL P N, OR REA | | gave rise to immediate | (b) | | | | | | | |
| 3 | A SE NO | | cause (o) stating the under- | DUE TO, O | R AS A CONSEQUENCE | OF | | | | | |
| 201 | EZXEK, | | lying couse last. | (4) | | | | | | | |
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| 280 | P A BL | 7 | TAKE 2 OTHER SIGNIFICANT CONDITIONS CO | | | | | | | | |
| DIVISION OF VITAL RECORDS. | AS A CREAT | CERTIFICATION | | E | Blunt Trauma | to face, n | eck and | thorax | | | |
| * | SED SED | 1 | 190 DATE OF OPERATION | 19b COND | ITION FOR WHICH OPE | RATION WAS PERFORME | D? | | 7 | D AUTOPSY | ? |
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| 5 | SOUND TO | = | 210 EXTERNAL CAUSE WAS | 21h TIAAF C | EINILIEV OCT | 111. HOW INDURY OF | CCURRED THE | ATURE OF INJURY IN ITEM 18 PA | | YES 🔀 | NO [|
| Ö | SAT DAS | Ü | UNDERLYING XXOR | HOUR A. | FINJURY EST. M. MONTH DAY YEA | R I THOW INJURY OF | CCORNED (ENIERN | ATURE OF INJURY IN ITEM 18 PA | RI I OR PART 2) | | |
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| à | S E S E S E S E S E S E S E S E S E S E | E | WHILE NOT WHILE XX | STREET, FAI | CTORY, FARM, ETC.) | STREET MON | + comovar | St., Laurel, | Dring | Coor | STATE |
| | R. THIS CERTIFICATE SHOUI I.E. WRITING THE WORD "I REWARDED TO THE CHIEF R. PAGE 3 SHOULD BE USE E. STATE DEPARTMENT OF H D. 21201 PRIOR TO BURIAL | | AT WORK AT WORK | | Home | 33ZA. MOII | regomery | ot.,Laurer, | LT THICE | : GEOT | ye s |
| | | | 22a I certify that taok charge | of the remains de | bed bave held on | Autopsy XX In | nspection . | Inquiry Ond | n my apinia | ın | |
| | A DE CEN | | death resulted rose; Natural | couses . | American Si | | | | , , , , | | |
| | RETIRE OF BE | 177 | deoin resulted in Natura | couses [| Jegenni L. St | M | | rmined manner . | | | |
| | DUED DIR | | ACTUAL AMAIN | 1. 6/1 | Mu Th | TITLE (SPEC | | | | | |
| | 독교 등 독표 ··· | | SIGNATUR | 10 | Jun 111 | ASSIS | tant MEDI | CALEXAMINER | DATE SIGNED_ | 3-17- | 86 |
| | SEA SE | | | | // | | | | | | |
| | MEDIC CUTE TI SE 4 SH FUNER TIMOR | | (TYPE OR PRINT) Den | nis F. S | Smyth, M.D. | ADDRESS 1 | 11 Penn | St., Balto. | . Md. | 2120 | 1 |
| | TO MEDICAL EXECUTE THE C PAGE 4 SHOULD TO FUNERAL D AFTER DEATH, BALLIMORE, M | 22. 2 | | | | | | | , | | |
| | | 230.B | URIAL, CREMATION, REMOVAL 236 | DAJE | 73c. NAME OF CE. | METERY OR CREMATORY | CITY O | CATION | COUNTY | 51 | ATE |
| 07/84 | BP | | CREMATION - | 719/86 | BALTIMORE | WASH. (Re | MATUN | LAUKEL | 1.6. | M | D . |
| 25M | DHMH · 17 | 24 F | UNERAL DIRECTOR | 7601. | SANDY SOR | . R.J. 250. | DATE REC'D. BY | REGISTRAR 200 PEGIS | RAR'S SIGN | WALLES OF | |
| | (VR A15 ME (5)) | E | FOU FILT | ADDRES | out his | | MARDA | 1086 Julian | 11/10/251/- | Marine | |
| | (11 110 11 (0)) | 4 | ECK F. H. INC. | LAU | rec, 1110. | 20707 | WAILOI | 1000 0 . | | | * |



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FOR STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

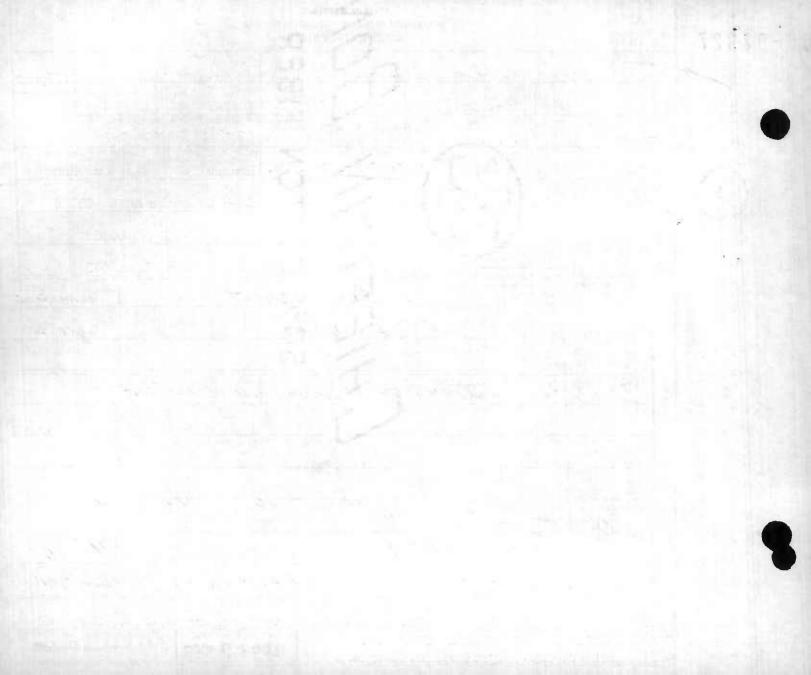
CERTIFICATE OF DEATH

| DE | CEASED NAME | FIRST | ^ | AIDDLE | t | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 26 HO | UR |
|--------------------|--|--|---|--|--|--|--|---|---|------------------------------|-----------------|
| | A1 | lta | Leoni | ce | MORRI | SON | March 31 | .1986 | | 9:55 | pm M |
| 1.58 | X | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | | MONTHS DAY | R IF UNDE | 24 HRS |
| Fe | male | | Caucasi | ian | | 22, 1898 YEAR | 87 | YRS. | MONTHS DATE | HOOKS | MIN. |
| JA BI | RTHPLACE (STATE OF F | OREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 2 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | - |
| | ssouri | | U.S.A. | | WIDOWE | | Prince G | eorge | S | | ME |
| ig C | ITY OR TOWN OF DEA | TH | | | NG HOME C | ROTHER INSTITUTION | 12a USUAL OCCUPATI | | | OF BUSIN | _ |
| La | nham | | Doctors | Hospit | al of | Pr. Geo. Co. | Housewife | F WORKING LI | | Home | |
| II U | AL RESIDENCE (IF NURSI | | OTHER INSTITUTION | GIVE RESIDENCE BEFOR | RE ADMISSION) | | | . 2:0 000 | | ********* | |
| Ma | ryland | Prin | | Greenbe | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 58-H Cresc | | | 0770 | |
| | ATHER'S NAME | | | | | IS MOTHER'S MAIDEN NA | | Circ it | | 0770 | |
| Ce | orge | | MIDDLE | Beall | | Ada | MIDDLE | | Leeds | AST | |
| | WAS DECEASED EVER | IN U.S. AR | MED FORCES? | 166 SOCIAL SECT | URITY NO. | 17 INFORMANT | ADDRE | SS | Leeds | | |
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DHMH - 16 60M 7/84 (VRA 15, 4)

4739 Baltimore Ave., Hyattsville, Maryland

APR 12 1986 Colla Minden Render



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-00753 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN 🔀 2g. DATE DAY 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED **EDWARD** MORTON, JR. 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c. DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 3-7-86 LAM DEAD 158 Male 10 B1 70 BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Washington, D. Prince George's County PAGE 5 FILED. 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) AIN P Leland Menorial Hospital Riverdale Student USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3823 Hamilton Stree YES Y NO [Maryland Prince Georges Hvattsville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Edward Virginia Suber Morton, Jr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO 6216 7th St. N. W. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Edward Morton, Sr. Washington, D. C. 579-80-2197 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF EF MEDICAL EXAMINESED AS A BURIAL-TRANSFER FEALTH AND MENTAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DIVISION OF VITAL EXECUTE THE CERTIFICATE, WRITING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE CHAPPER FOR LABOR TO BE UP FOR LABOR TO BE UP THE STATE DEPARTMENT OF BALLUMORE, MARYLAND, 21201 PRIOR TO BUIRD BALLUMORE, MARYLAND, 21201 PRIOR TO BUIRD AND LABOR TO BUIRD LABOR TO BU YES ... NO 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREE CITY OR TOWN COUNTY WHILE AT WORK X 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER SIGNED3-8-86 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Korell M.D. Ponn Street 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 3/11/86 Buria1 Harmony Mem. Park Suitland G. BP Md. 24 FUNERAL DIRECTOR Sem Butler Inc. 716 Kennedy St. N. W. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH-17** . C (VR A15 ME (5)) 15M 2/80

- STATE

DEPARTMENT CE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OF PERSON Kussel 5. DATE OF BIRTH IF UNDER 1 YEAR 1.5EX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HRS MONTH Black Aug. TO BIRTHPLACE PRIATE GRADELIGA 7b CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. DIVORCED X WIDOWED OR TOWN OF DEATH 12b KIND OF BUSINESS OR WORK FORMOST OF WORKING LIFE INDUSTRY letired Printer IAL RESIDENCE IN MUNICIPAL Washington 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? D.C. St. N.E. 35th 101 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Minor Lauvinia Mosby 17 INFORMANT 1704 Mt. Pisgah In. IM WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO OR UNKNOWN LIFYES GIVE WAR OR DATEST Mary Burrusssilver Spring. Vac 11 CAUSE OF DEATH (Enter only one cause per live for (a), [b], and (c) IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IFICATION IN DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21s. ACCIDENT WALLINDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH WEDICAL OF EITHER MODEY MIDICAL EXAMINERS 21st INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) HOT WAKE 220.1 certify that (1) (this haspital) attended the deceased frame

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DHMH 16 60W 7/84 (VRA 15, 4) CHEMATION, REMOVAL 236 DATE 3/22/86

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saw the deceased alive an_

275 SIGNATUR

IL FUNERAL DIRECTOR

230 NAME OF CEMETERY OR CREMATORY
HARHONY MEM. PARK

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ATTENDING

PHYSICIAN

23d LOCATION
CITY OR TOWN

MEDICAL

, and that in (my) (aur) apinian death accurred an the date and havi and from the causes stated

DIRECTOR PHYSICIAN

P. G. No. STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

H. S. INASHINGTON + SONS 4925 BURROUGHS AVE, NEMAR 20 1986

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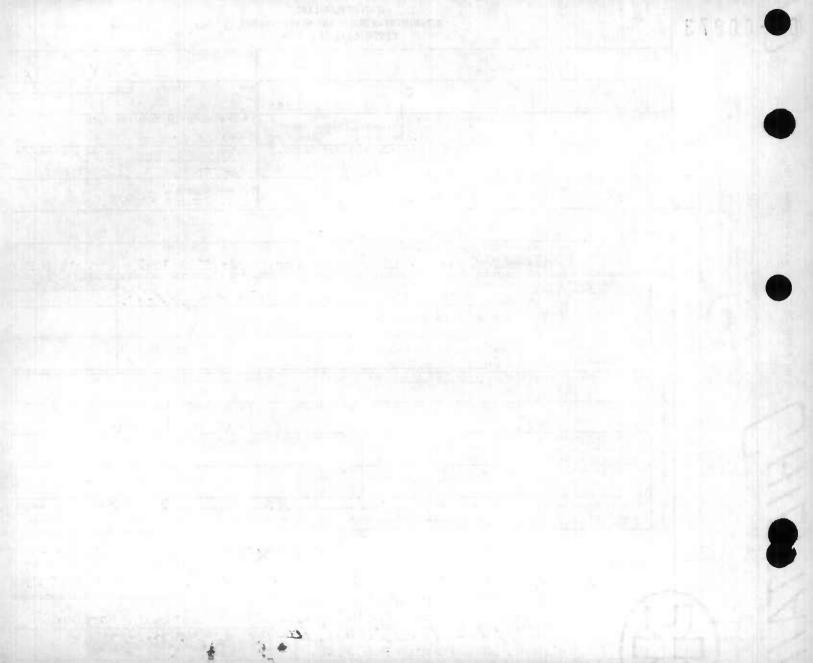
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| • | 008 | 73 | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH | GIENE 3 O | 086 | 3 8 4 |
|---------------------------|--|---------------------------------|---------------|---|--|--|---|----------------------------------|-----------------------------|--|
| | page 3 | | | CEASED NAME PIRS | RRELL | MIDDLE | OTON | 20. DATE OF DEATH | 2.27. 8 | 20.11001 |
| | ctor, po | | 3. SEX | Female | 4 RACE Black | MON | | 6. AGE (IN YEARS LAST BIRT | | EAR IF UNDER 24 HRS. AYS HOURS MIN. |
| | dire hour | e, /_ | 7a. B1 | RTHPLACE (STATE OR FOREIG | N 76. CITIZEN OF | WHAT COUNTRY? B. | ED NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | 1 |
| | unero | 5// | Di: | strict of Col | | ited States DOV | VED DIVORCED | Prince Ge | | MD. |
| | the f | B 4 | - | TY OR TOWN OF DEATH | (IF NOT IN SUC | HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS) | | 120. USUAL OCCUPATION | WORKING LIFE) INDUST | |
| 1201 | in by | 1/2 | ÚśU | EVERLY | ME OF OTHER INSTITUTION | George's Hos | | Secretary | Gove | ernment |
| AND 2 | filled hould b | 47 | Ma | cyland | P. G. | Washington | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS 1209 Jamic | a Street, | N.E. 799 |
| MARYL | mpletely and 2 s | 100 | _ | THER'S NAME FIRST BOTGE | MIDDLE | Mudd | 15. MOTHER'S MAIDEN N | AME | Pe: | rkins |
| MORE, | and co | ledicol 3 | | VAS DECEASED EVER IN U. | S. ARMED FORCES? | 166 SOCIAL SECURITY NO. 578 07 024 | 17. INFORMANT Seorge Mudd, | father.1209 | | eet, N.E. |
| RECORDS, 201 W. PRESTON S | v requires that the second sec | ny injury, ar ather traumatic e | ATION | Conditions, if ony, whit gave rise to immedio cause (a), stating to underlying cause to | ch (b) te he DUE TO, O (c) ANT CONDITIONS CO | R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BU ITION FOR WHICH OPERATI | | | | |
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| | pital or TOR: A for use of Healt | 21 is mo | | 22a. certify that (1) (this saw the deceased ali | | 7. 1986 | and that in (my) (aur) apinio | n death occurred on the do | te and hour and from | _, that (I) (we) last the couses stated |
| 3 | AL OR A the has AL DIREC detached are Dept. | II. If hem | | 226. SIGNATURE | A.M | alan | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | | . 27.86 |
| | retained by t TO FUNERAL should be del | MPORTAN | | HASSAN. | | AUI, M.D. | LOCS Landon | ver Rd. Chev | erly. Mo | 20785 |
| | BP | 3 | 23a E | URIAL, CREMATION, REMO SPECIFY) Burial | | 5,1986 Line | mp 111 | Cem. Suit | land, Mar | _ |
| 1990H | MY - 16 50M | 4/82 | | INERAL DIRECTOR | John. | M Dones Ste | 7 | ATE REC'D. BY REGISTRAR | 25h REGISTRAR'S SIGI | NATHURE |
| | (VRA 15, 4) | | ISt | ewart Funera | 1 Home/ 40 | 01 Benning Ro | ad, N.E. | A SICO | and bearing the sales | ESP |



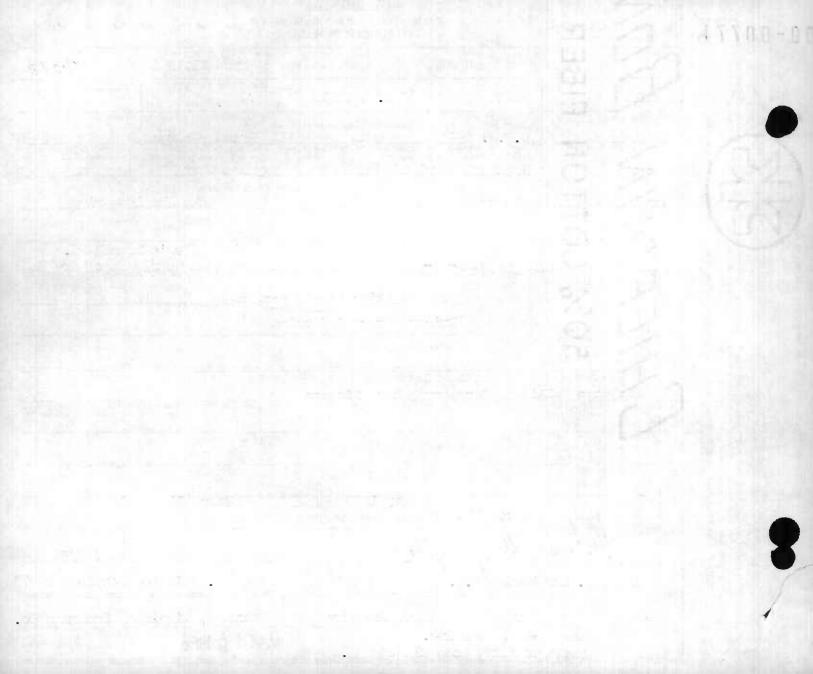
| Mark Street, S | | FOR | DEPA | RTMENT OF HEALT | H AND MENTAL H | YGIENE | 0.8 | 8 8 | 3 |
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| 10-01847 | | STATE REGISTRAR | MEDICA | | CERTIFICATE O | F DEATH RE | EG. NO. | | |
| | | EASED NAME TORCE | s Patric | ia Moyla | LAST | 20. DATE KNOV | NN DE WONIH | DAY YEAR | 26,4848 |
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| NEEDS) | 12.6 | male White | 5. DATE OF BIRTH MONTH DAY YE | AR LAST BIRTHDAY) MON | DADER I R. IF UNDER | 24 HRS. 2c. DATE MIN PRONOUNCED | MONTH | DAY YEAR | 2d HOUR |
| ARY OOUT TON 272 | | | June 16-01 | | | DEAD | such 2 | 3 19 d B | DW |
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| MD. H. H. | 14. FA | THER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDE | N NAME MIDDLE | | LAST | |
| POEAT PARTY | 1 | George | | Hobbs | Emma | | ? | ? | |
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| S A GIV | | | | | 113. 114 | ig b. nutt | OMETE | Md. 2 | |
| SAG WELL | | 18 CAUSE OF DEATH (Enter onl PART DEATH WAS CAUSED | BY: | (,,(b), and (c).) | MIJOCAL | 16.31. 17 | 1 | BETWEEN ONSET | AND DEATH |
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| m ~=>440- | CERTIFICATION | 196. DATE OF OPERATION | 110h CONDITION F | OR WHICH OPERATION | WAS PERFORMED? | | | 20 AUTOPSY? | |
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| DIN THIS C WRIT WARDI WARDI PAGE 21201 | Σ | WHILE AT WORK AT WORK |] Jaketi, Factori, Fac | im, erc. | SINCE | CITTOR TOWN | COUN | 417 | STATE |
| W Z T W . | | 220 I certify that I taak charg | e af the remains described | abave, held an Auto | apsy . Inspection | n Inquiry . | and in my apir | nian | 10,20 |
| EXAMINER CERTIFICAT ULD BE FOR DIRECTOR. WITH THE | | death resulted fram: Natur | al causes Accide | ent . Suicide . | , Hamicide . | Undetermined manner | | | |
| PUR WAR | | ACTUAL | OP | | TITLE (SPECIFY) | | DATEA | 11 | 2 |
| SHAN SHE | 1 | SIGNATUR | - | Jors | M.D. Log | MEDICAL EXAMINER | SIGNED | fricht | 75 |
| WED OF THE PER DE | | EXAMINER'S NAME (TYPE OR PRINT) | 6 | | _ADDRESS | | | | ,,, |
| TO ENERGY PAGE | 23a. B | IRIAL CREMATION REMOVAL 2 | 3b. DATE 2 | 3c. NAME OF CEMETERY | | 23d LOCATION | | | |
| BP | (5 | Cremation . | 3/26/86 | Loudon Par | rk Cemete | ry- Baltim | ore, Mo | aryland | 1 |
| DHMH - 17 | 24 FI | NAME NAME | A. Moran, | Inc. Fune. | ral Hömeter | REC'D. BY REGISTRAR 256 | REGISTRAR'S SIC | GNATURE | 1089 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-02506 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN X (TYPE OR PRINT) ESTI-Robert Joseph DEATH MATED Mundy 3/24 19 86 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED A. M DEAD Jun. 24, 1946 White 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA Washington DC Prince George's County DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Foreman Electrical US Gov't Forestville 1906 Grovewood Drive 13d INSIDE CITY LIMITS? 1906 Grovewood Drive Prince George's Forestville Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mae Berhard Mundy Alva Wiffliam Teeple ADDRESS Clinton Md 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES NO, OR UNKNOWN Nancy Lowry 8905 Cheltenham Ave Vietnam 577 60 8171 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES None NO X 216. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 71f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 77a. I certify that I took charge of the remains described above, held an and in my apinion Natural couses Undetermined monner TITLE (SPECIFY) DATE 3/24/86 Deputy SIGNATURE. 1919 Seminary Road EXAMINES NAME John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 27Mar1986 | Cedar Hill Cemetery Suitland Burial Maryland 07/84 74 FUNERAL DIRECTO Dert E Wilhelm Funeral Home 25M 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S STANDARDING **DHMH - 17** Suitland Maryland (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) DNEDA MURDAY 86 4. RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR white October 4 1974 hemale. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Maruland USA rince WIDOWED DIVORCED [George ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Greater-Laurel-Beltsville Hospital Laurel Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Prince-George 113d INSIDE CITY LIMITS? 8932 Cherry Lane 20708 Maryland YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ida FIRST Phelps Roy Slater 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO IYES NO OR UNKNOWN HEYES GIVE WAR OR DATEST Murphy same as above 213-38-2996 NO 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c) PART I. DEATH WAS CAUSED BY: 10-15 ha AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a), stating underlying couse THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO **IFICATION** 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO CERT 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from \$6., and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated sow the deceased olive on_ DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 3-11-86 PHYSICIAN DIRECTOR PHYSICIAN 704 GOLMAN AVE, Sente 4, LAMPEL. MARSEWA 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE SPECIFY) burial March 14,1986 Ivy Hill Cemetery Laurel 24 FUNERAL DIRECTOR REGISTRAR ASB. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Donalds on Funeral Home P.A. Laurel Maryland (VRA 15, 4)

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| mov de de | 3. SE | | 4 RACE | \ | | OF BIRTH | 6 AGE (IN YEARS LA | T BIRTHDAY) | IF UNDER I YEAR | |
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| 1000 | O C | delphi | MD PF | IN SUCH FACILITY, GIV | NURSING HOME VESTREET ADDRESS) | or other institution Woods | 12a USUAL OCCU (TYPE OF WORK FOR M Housew | | 12b. KIND (INDUSTRY | OF BUSINESS OR |
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| 1 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 14 F/ | ATHER'S NAME | WIDDLE | U | AST | 15 MOTHER'S MAIDEN | | | | ust . |
| exo onc | V | Thomas | Hicks | Eade | | Rack | nel | | Baker- | |
| nd c | | VAS DECEASED EVER | IN U.S. ARMED FORCE | 7551 | L SECURITY NO. | 17 INFORMANT | | DRESS | 16 | |
| be e | | No | | 213- | 56-8598 | Mary Lars | on, 12809 F | ernwood | | |
| hysici paper novol ent, ill | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter only one caus | se per line (a), | (b), ond/cil | s, Preum | 5 | PSis | BETWEEN | XIMATE INTERVAL I ONSET AND DEATH |
| ng ban ban rem | | THE PER | IMMEDIATE CAUSE | 0) | , | 71 400 | 34/4, - 6 | 1-115 | | |
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| hos hos | TIFIC | are last | | | | | YES NO | | YING CAUSE: | NO [|
| ZYOLE | CER | 2 G. ACCIDENT WAS UND | 11001 | ME OF INJURY | TH DAY YEAR | 21¢ HOW INJURY OCC | CURRED (ENTER NATURE OF | INJURY IN ITEM 18 P. | ART I OR PART 2) | |
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| RECTO hed for spt. of t | | saw the deceme | hid (and not) view the | bady after death. | 19.86 | nd that in (my (our) apin | ian death accurred an th | e date and have | and from the | causes stated |
| orheo ocheo Dept | | 226 SIGNATU | 1-6 | N | 1.1 | DEGREE | ALEDICAL | 7.455 | 22c. DATE | SIGNED |
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| F 6 F 2 3 ₹ 1 | 230 | BURIAL, CREMATION, | | | 1 | EMETERY OR CREMATO | 23d. LOCATION | N | COUNTY | STATE |
| BP | | Burial | Mar. | 19,1986 | Moun | t Olivet | Frede | rick, F | rederi | ck, Md. |
| HMH - 16 60M 7/84 (VRA 15, 4) | 24 FI | INERAL DIRECTOR | Molesworth, | P.A., | Damascus | , Md. 250 | DATE REC'D. BY REGIST | 9 . | | TURE |

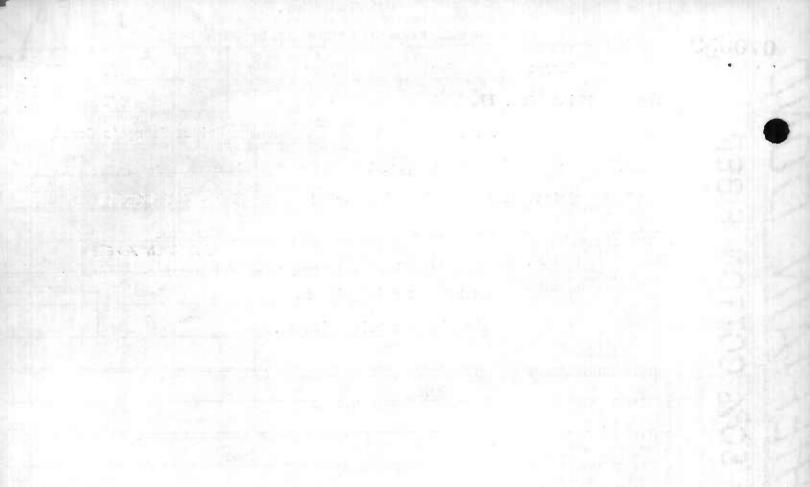
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 20 DATE KNOWN X DECEASED NAME Ford George 3/5 Mvers DEATH MATED 19 86 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Male 73 White 1913 10 86 Jan. 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland II.S.A. Prince George's County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS University Park Electronic Scientist Naval Research 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's University Parkes X Maryland 6507 - 40th 20782 NO [TS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Clarence William Mvers Mary Margaret Pritts 17. INFORMANT 16h SOCIAL SECURITY NO. 6507 40885 AVE Yes W.W. 577-22-2019 Elma I. Myers University Park, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NOXX 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY SATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREE WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion Undetermined manner TITLE (SPECIFY) 3/5/86 SIGNATURE 1919 Seminary Road EXAMINER'S NA John S. Rogers, M.D Silver Spring, Montgomery County, Md. PAGE TO FU 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Adelphi Pr. Geor. George Washington Cemetery Adelphi Pr. Geor. 4739 Baltimore Ave 155 DATE REC D BY REGISTRAR'S SIGNATURE 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** 20081 MAR Francis Gasch's Sons, P.A. Hyattsville, Md. (VR A15 ME (5))



| 00- | 00176 | 1 | FOR = STATE | | (| | | HEALTH | AND MENTAL | HYGIENE | 3 0 | 3 3 9 | |
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| f G | | 1 | REGISTRAR DECEASED NAME | FIRST | MEI | MIDDLE | XAMIN | ER'S C | ERTIFICATE | OF DEATH | REG. NO. | DAY YEAR | Zh HOUR |
| | w.i.w. | | (TYPE OR PRINT) | 3.7.7773 | | | | | | 20 DĂTE KN OF E DEATH M | | | 28 HOUR |
| 0/ | S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. WITHIN 72 HOURS. | 3. | SEX 4 RACE | | ATE OF BIRTH | EALHEI | AGE (IN YE | | | R 24 HRS. 2c. DATE | MONTH | | 2d HOUR |
| | POREC | | Female Blac | | eb 17 | year 59 | 27 YE | | DAYS HOURS | MIN. PRONOUNCE DE AD | 3-3-8 | 86 19 | 1:09P |
| 4_ | SAL CALL | 7 | BIRTHPLACE (STATE OR | | eb 17 | HAT COUNT | | | D NEVER MAR | 9 BALTIMOR | RECITY OR COUN | | M |
| | NEW PORTE | 1 | Washington, | D.C. | U. S. A | | | WIDOW | | | George's | s County | MD. |
| | SE S | 110 | CITY OR TOWN OF DEA | | NAME OF HOS | PITAL, NUR | | , OR OTHE | ER INSTITUTION | 120 USUAL OCCUPAT | TION (TYPE OF WORK | 126 KIND OF BU OR INDUST | USINESS |
| | DELAY IS NE 3 TO THE FUN IN PAGE 5 F ID BE FILED W REDS 20 LW | | illcrest Ha | | 301 23 | rd Par | kwav | Apt. | 306 | Physician | | Private | |
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| 9 | T 75 37 | A 11 | FATHER'S NAME | | | | AST | | 15 MOTHER'S MAIL | | | LAST | |
| and the same of th | SES 1 | 9 | Charles B. M | Vesbitt | Sr. | | W21 | | Lillian | Jackson | | | |
| ALTIMORE | FORA FORA ON O | / 16 | O. WAS DECEASED EVER (YES, NO, OR UNKNOWN) | IN U.S. ARMED F | | 16b SOCI | AL SECURITY | Y NO. | 17. INFORMANT | | ADDRES 5513 | Bass Pl | • ,SE |
| I V | VISIO TO SILVE | | NO | | 45777 | | | | Lillian | J. Nesbitt, | Mother, | Washing | ton, DC |
| | S N IN | | 18 CAUSE OF DEATH | | | 4 2 4 1 | | | | | | BETWEEN ONSE | E INTERVAL |
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| | HIS CERTIFICATE SHOULD WARDED TO THE CHIEF A AGE 3 SHOULD BE USED. TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, | | 2 | | 1,72. | | | | | | | YES X | NO [] |
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| DIVISION OF VITAL | SET OUT SET | 3 | . LIMBERTVING AC | OR CAUSE OF DEATH | 11:p20 | DAM 3- | DAY YEAR | | self/infl | icted | | | |
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| | | | 22e I certify that I | taak charge of th | he remains des | cribed abav | e, held an | Autaps | y X. Inspecti | on . Inquiry . | and in my a | Maryland | |
| 1 | MINER: TIFICATE BE FOR ECTOR: TH THE | | death resulted from | A Natural cau | oses , | Accident |], Su | icide X), | Hamicide . | Undetermined mann | | | |
| | L EXAMINER: E CERTIFICATE DULD BE FOR' L DIRECTOR: I, WITH THE S MARYLAND, | | ACTUAL | VAL. | à A | Val II. | . 10 | | TITLE (SPECIFY) | | THE R. | | |
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| | TO MEDICAL EXAME EXECUTE THE CERTIFE PAGE 4 SHOULD BY TO FUNERAL DIRECTORY AFTER DEATH, WITH BALLMORE, MARY | 2 | EXAMINER'S NAME (TYPE OR PRINT) | Ma | rgarita | | | P | NDDRESS | enn Street | | | |
| | 522548 | 23 | O.BURIAL, CREMATION, RI | | | | | | CREMATORY | 23d LOCATION CITY OF TOWN | | UNIY 51 | TATE |
| 07/8- 25M | BP | 2 | BURIAL FUNERAL DIRECTOR | 8 1 | Mar 86 | 11132 | rmony You S | Memor | rial Park | Landover | P. G. C | o., Mary | vland |
| | DHMH - 17 (VR A15 ME (5)) | | V. ERNEST JA | RVIS CO. | ., INC. | | | | | 1906 GOLL | Signal - North | NATURE. | |

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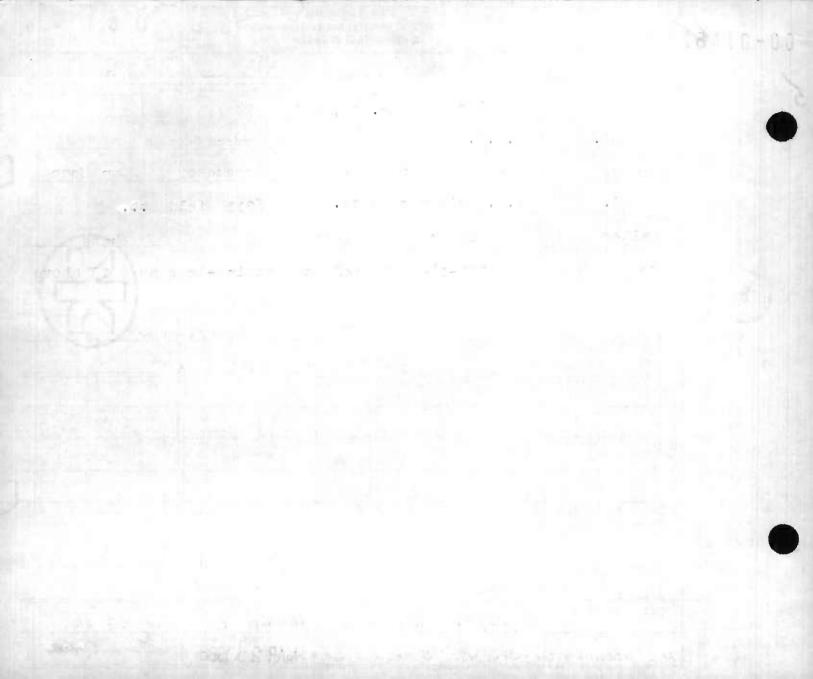
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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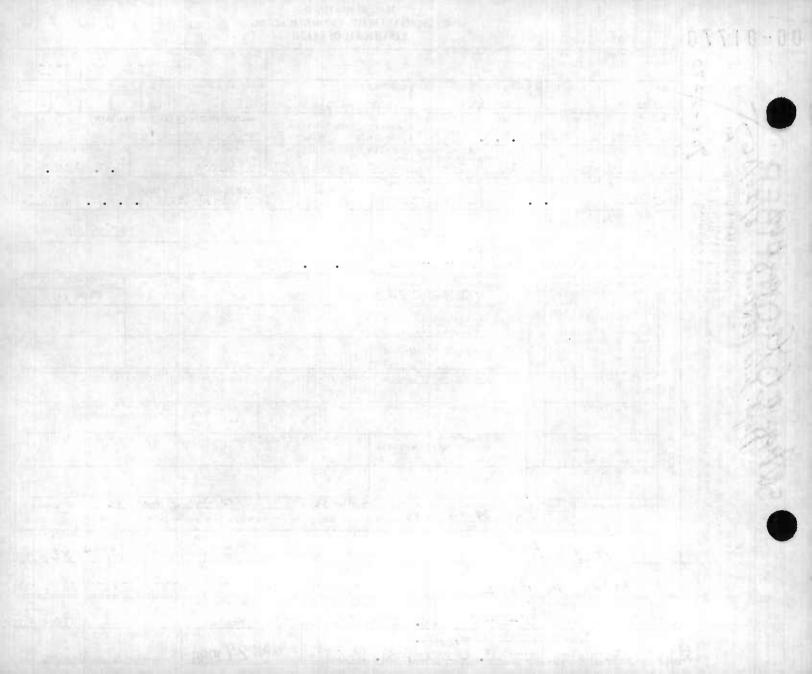
| 4 | REGISTRAR | | CEKTIF | ICATE OF DEATH | REG. NO. | | | | | | | |
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| | I DECEASED NAME FIRST | WIDDLE | | AST | 20. DATE OF DEATH MON | NIH DAI YEAR | 26 HOUR | | | | | |
| | Marie | e E | N4 | cho1s | March | 20, 198 | 86 4:00am | | | | | |
| | 3. SEX | 4. RACE | 5 DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDA | IF UNDER TYEA | | | | | | |
| | Female | Black | Jan. | | 74 | YRS. MONTHS DATE | S MOURS MIN. | | | | | |
| - | TO BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIE | D T NEVER MARRIED | 9. BALTIMORE CITY OR CO | OUNTY OF DEATH | | | | | | |
| | Md. | U.S.A. | WIDOWI | transfer tra | Prince Georges MD | | | | | | | |
| | 10 CITY OR TOWN OF DEATH Riverdale | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | ADDRESSI | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMaker | ORKING LIFE) INDUSTR | | | | | | |
| | USUAL RESIDENCE LIF NURSING HOME OR | Leland Memoria | | spital | пошешакет | Own | Home | | | | | |
| | Md. 136 COUN | | N | 8 to 20 00 0 | 13e STREET ADDRESS / ZII 6211 Field | St. 20 | 2743 | | | | | |
| | 14 FATHER'S NAME | MIDDLE LAST | | IS MOTHER'S MAIDEN NAM | AE MIDDLE | (3) | LAST | | | | | |
| 4 | Walter | Brown | | Sadie | | Chas | | | | | | |
| | 160 WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | | | | | | |
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| | Canditions, if any, which gave rise to immediate | (b) | 12 | andri cutar | and my the | ua | | | | | | |
| 1 | couse (0), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | fort=0.0, | 12-54 | . () A | | | | | | |
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| | | CONDITIONS CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERMI | inal disease or condition | ON GIVEN IN PART | 10 | | | | | |
| 7 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20 | IN IF YES, WERE FIND | INGS USED | | | | | |
| | TIE | | | | YES NO | YES | NO 🗆 | | | | | |
| 7 | | 216 TIME OF INJURY | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN | ITEM 18 PART I OR PART 2) | | | | | | |
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| | OR CONTRIBUTING CAUSE OF DEA | 21e PLACE OF INJURY | ARM FIC 1 | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | | | | |
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| | | tal attended the deceased from | Ju. | My 1201 | _ to Maria | 190 | that (I (we last | | | | | |
| | | wiew the body after death. | 24.01 | nd that a)(my) love opinion d | leath accurred on the date of | and hour and from th | ie causes stated | | | | | |
| | 22b. SIGN | udet 1 | Que | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PRISICIAN | 27c. DAY | 50/12 | | | | | |
| 7 | 224 PHYSICIAL STORME INTO | 1 1 × 1/ | | 22e ADOMO | | | | | | | | |
| | TY MI | ALDAC - | | Cumo | , was | | | | | | | |
| | BURIAL CREMATION, REMOVAL | 12/05/01/1 | | EMETERY OR CREMATORY | 23d. LOCATION | COLINE | STATE | | | | | |
| | 24 CUNICO AL DIDECTOR | 123/00 MA | RYLAI | | | | MO. | | | | | |
| | 24. FUNERAL DIRECTOR | V + SONS 4925 BU | | 250 DATE | O & 4000 | REGISTRAR'S SIGNA | TURE | | | | | |
| | H.S. WIASHINGTON | 4 + JONS 4925 BU | RROU | HAME NO PANAN | 40 1900 | | 1 | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH . DECEASED NAME 2h HOUR TYPE OR PRINTS DAVID NIEVES 2145 MAR 24 86 M 4 RACE 3 SEX 5 DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR 23, 1965 Male Caucasian March BIRTHPLACE ISTATE OF FOREIGN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY New York U.S.A. Prince George's DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) U.S. Govt. Military Malcolm Grow Hospital Andrews AFB Camp Springs USUAL RESIDENCE SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS DORM 1671 ROOM A.A.F.B. OUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? P.G. Camp Springs Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Nieves MIDDLE Melendez Olga John ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Active Duty Air Force 094-62-8075 Sat. Ed. Mover 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: CHARDIAE ARRESE-80 MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNKNOWN Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG o Q 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220. Certify that (1) (his haspital attended the deceased from 2045 24 Mar 86, 19 10 2145 24 Mar) 9 66 that (we) 10 40 that the deceased alive an 2145 24 Mar 1988, and that in (we) apinion death accurred an the date and hour and from the causes stated saw the deceased alive an 2145 24 man abave, (ii) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS \$ P MALCOLM GROW USAF MED CEN, ANDREWS AFB, MD 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY COUNTY STATE Burial 03-29-86 St. Raymond Cemetery BP. New York 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 6633 Old Alexander Ferry Rd. Clinton, Md. 20735



00-020

| | 1- | FOR STATE | | DEPARTM | NENT OF HI | OF MARYLAND ALTH AND MENTAL H | YGIENE | 6 | n | 8 | 8 9 | di | | | | |
|---|-------------|---|----------------------------|----------------------------|--------------------|--|---------------|--------------------|--|----------|---------|-----|--|--|--|--|
| 02081/ | | REGISTRAR | | | CEKTIFI | CATE OF DEATH | 4,0 | REG. NO. | 2.3 | | 9 1 | | | | | |
| و مو | (TYPE | CEASED NAME FIRST OR PRINT) MILI | ARD ANT | HONY | NOA | | MARCH | - | 19/198 | 7 6 | 1/42 | A M | | | | |
| 1 1 | 3. SÉ | | 4 RACE | | | | | | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. | | | | | | | |
| 1 | | Male | Caucasia | | Oct. | 2,°1936 *** | 49 | TRS. | | | | | | | | |
| 1147 | (| OUNTRY) Wash. D.C. | 76 CITIZEN OF WHA | AT COUNTRY? | MARRIED WIDOWEI | NEVER MARRIED DIVORCED | | | county of nce Ge | | 's | MD. | | | | |
| 1 33 | L | ty or town of death anham | Doctors 1 | Hospita | 1 of | Pr. Geo. Co. | | FOR MOST OF W | PATION 126 KIND OF BUSINESS OR INDUSTRY P.G. County | | | | | | | |
| (A & | 30 5 | AL RESIDENCE (IF NURSING HOME TATE 13b CC ryland Frin | OR OTHER INSTITUTION, GIVE | CITY OR TOWN | ADMISSION) | 13d Inside City Limits? Yes XXX NO [] | 13e STREET AL | DDRESS / Z | P CODE | ne | 2071 | .5 | | | | |
| 1 | I FA | THER'S NAME | WIDDLE | LAST | 11111 | 15. MOTHER'S MAIDEN I | NAME | MIDDLE | | | 151 | | | | | |
| 4 目/9/ | | Howard | O. No | ack | | Agn | es | | | Hut | ton | | | | | |
| nd can ges i | | VAS DECEASED EVER IN U.S. | 0.1.5 0.00 0.1111 | SOCIAL SECUI | | 17 INFORMANT | | ADDRESS | | | | | | | | |
| be e | | no |) | 77-50-0 | 0687 | Carolyn I. | Noack | S | ame as | - | | | | | | |
| ding physic orbonpope or removol. | | 18 CAUSE OF DEATH (Enter only one cause per line for to , (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | | |
| by the often se remove c cremotion, other troum | | Conditions, if any, which gove rise to immediate cause tot, stating the underlying cause last | DUE TO, OR AS | | NCE OF | 6/0) / | 3/ex a | L | | | | | | | | |
| quires the signed like plecto to buriol nijury, or | NO. | PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | | | | | | | | | | | |
| on. hos been prior ene prior | TIFICATION | 190. DATE OF OPERATION | 196 CONDITION | N FOR WHICH | OPERATION | ON WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D YES NO | | | | | | , | | | | |
| iCIAN: The g physicio princate trincate trial-transit intol Hygie fem 18 sho | CAL CERTIFI | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 | | | | | | | | | | | | | | |
| ottendin iter this c is the bur h and Me | MEDICAL | 21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK | ?1e PLACE OF II | NJURY FACTORY OFFICE FA | | 21f LOCATION STREET | | CITY OR TOWN | | COUNTY | SFAT | TE | | | | |
| attendingspital or Spital or CTOR. All for use of Health is many at 1 | | 220-1 certify that (1) (this ho saw the deceased alive above, (1) (we) (did) (did | on MARCH 19 | 9 19 | | d that in (my) (aur) apinio | | | and hour on | | | | | | | |
| y the ho yy the ho RAL DIRE detached detached fote Dept | | 22b. SIGNATURE | my. | 26 |) " | PEGREE ATTENDING PHYSICIAN | | STAFF PHYSICIAN | 7 🗆 | 22c DATE | 19/5 | 6 | | | | |
| TO FUNERAL should be det with the Stote IMPORTANT; | | 22d PHYSICIAN'S NAME (IV | d 65. | ge! | no | 323/ Sy | | lane | Ban | 70 | 202 | 5 | | | | |
| | | SURIAL, CREMATION, REMOV | | | | METERY OR CREMATOR | CITY O | RIOWN | cc | YINUC | STAT | TE | | | | |
| BP | 24.5 | Burial JNERAL DIRECTOR | | | | ction Cemet | ery Cli | | Maryle | | TURE | | | | | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | all Funeral H | | 6000 Ar Bowie, M | | TO TIME | | 986 | Lisa Dru | SIGNA | jandell | | | | | |
| | _ | | | | | | | - | | | | | | | | |

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erial Mar. & 1900 nederración constary (Effern) Marylina 15000 Annapolia Ro. Famili Fureral Davi . Novie, Narylina

1 - 1 Cas (100) 1. W.E. - Julio F - 3717 57 105

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

| 1 | | EASED NAME | FIRST | A | AIDDLE | L | AST | 2 | DATE OF DEA | ATH MON | TH DAY | YEAR | 2b. HOU | R |
|----|---------------|----------------------|-------------------|-----------------------------|------------------------------------|--------------------|-------------------------|-----------|-------------------|------------|-------------|-----------------------|------------|-----------------|
| н | (TYPE | OR PRINT) | EDWARI |) PI | CRRY | OWENS | | | March | 30. 7 | 986 | | 9:30 | AM |
| | 3. SEX | | | RACE | 1141 | 5. DATE O | FBIRTH | 6 | AGE (IN YEARS) | |) IF U | NDER I YEAR | # UNDER | 24 HRS |
| | | | | | | MONTH | | AR | -0 | | MON | THS DAYS | HOURS | MIN. |
| 2 | | le | | Caucas: | | Nov. | 17, 1927 | | 58 BALTIMORE C | TITY OF CO | YRS. | DEATH | II | |
| L | | OUNTRY) | OR FOREIGN | 6 CITIZEN OF | WHAT COUN | MARRIE | NEVER MARRIE | D 🗆 | BALTIMORE | III OK CC | JOINT OF | DEATH | | |
| 1 | | ennsylvan | | U. S. 1 | | WIDOWE | | | Prince | | | | | MD. |
| 11 | 10 CI | TY OR TOWN OF E | DEATH | | HOSPITAL, NU H FACILITY, GIVE S | | R OTHER INSTITUTIO | | 20 USUAL OCC | | | 12b. KIND C | F BUSINE | SS OR |
| 8 | Ca | amp Sprin | gs | | | U.S.A.F | . Med. Cen | ter | Parts | Dept. | | Autom | otiv | е |
| 1 | USUA | L RESIDENCE (IF N | URSING HOME OR C | THER INSTITUTION. | GIVE RESIDENCE | BEFORE ADMISSION) | | 1700 Iv | 3e STREET ADDI | | CODE | 44 | 10,00 | No. of the last |
| 3 | 130 S | | 13) COUN | | 13c CITY OR | | 13d INSIDE CITY LIM | | | Box 2 | | 22186 | 1.11 | |
| | _ | THER'S NAME | Faugu | rrer. | Warrer | ICOH | 15. MOTHER'S MAIDE | | | DUX & | 47 | 22100 | - | |
| 11 | 5 | FIRST | | IDDLE | LAST | | FIRST | ~ . | | DDLE | | LAS | T | |
| 1 | | Illiam P. | | | | | Catherine | Sch | wartz | + DD DECC | | | | |
| 2 | | AS DECEASED EV | | WAR OR DATES) | 166 SOCIAL | SECURITY NO. | 17. INFORMANT | | | ADDRESSR | t. 6 | Box 2 | 19 | |
| 2 | Ye | | WW I | | | 6550 | Dorothy G | . Ow | ens Wa | rrent | on, V | irgin | ia 2 | 2186 |
| | | 18 CAUSE OF DE | ATH (Enter only | one couse per | line for top. It | RUICEUI | CNALY ARRI | rsi | | 1 | | BETWEEN | MATE INTER | RVAL |
| 9. | | PART I. DEATH | WAS CAUSED | BY: | Cardi | 'a pulke | OKATY H | res | 1 | | 1 | | | |
| | | | IMMEDIATE | CAUSE (6) | C // Cit | - Faire | | 3 | | , | | | | |
| | | | | DUE TO, O | R AS A CONS | EQUENCE OF | THIR ON | notio | THALLER | (CA | india. | 1 | | |
| | | Conditions, if a | | 1 %_1 | E MI | RHO | 11/2 -10 | 0/1/11 | Mary 1 | - | 0114 | 1114 | | |
| | | couse (o), ste | oting the | DUE TO, O | RASACONS | EQUENCE OF | | | | | | | | |
| | | underlying co | use lost. | 1 | | | | | - 19-1 / Line | | | 1 | | |
| | | PART 2 OTHER S | GNIFICANTO | ONDITIONS CO | ONTRIBUTING | TO DEATH BUT | NOT RELATED TO THE | E TERMIN | IAL DISEASE OF | CONDITIO | ON GIVEN | IN PART 1 | 0. | |
| | CERTIFICATION | | | | | | | | | | | | | |
| 7 | AT | 190 DATE OF OPE | RATION | 19b. COND | | | | | | | | S, WERE FINDINGS USED | | |
| 1 | F | | | | | | | | YES TO NO | - | YES T | YING CAUSES OF DEATH? | | |
| | ERT | 21a. ACCIDENT WAS | UNDERLYING | 21b. TIME O | FINJURY | | 21c. HOW INJURY O | CCURRE | | | TEM 18 PART | ORPART 2) | | |
| 1 | | OR CONTRIBUTING | | HOUR A. | M. MONTH | DAY YEAR | | | | | | | | |
| | Q. | (IF EITHER, NOTIFY A | | P. | | 19 | 211 LOCATION | | | | | | | |
| | MEDICAL | 214 INJURY OCC | | 21e. PLACE (AT HOME, STE | | FFICE, FARM, ETC.) | STREET | | CII | TY OR TOWN | | COUNTY | 5 | STATE |
| | _ | AT WORK AT | WHILE WORK | | | | | | | 2.0 | | | | |
| | | X 1 certify that | (1) (this hospit | of) ottended th | e deceased fi | rom 18 184 | Mr 19_ | 86 | _, to 38 1 | MAYO | , 19_ | 36 | thot (1) (| we) last |
| | | sow the dece | eosed olive on a | 30 M | | 19.66 or | nd that in (my) (our) o | pinion de | oth occurred on | the date o | nd hour or | d from the | couses ste | oted |
| | | M) SIGNATURE | - (did) (did ildi | Pylew The body | arrer dearn | | DEGREE | | | | 100 | 22c. DATE | SIGNED | |
| | 7 | // | 14 | | | | ATTEND | | MEDICAL | STAFF | it | 30 | 11/14 | 191 |
| _ | | AND PHYSICIAN'S | NAME LIVE OF | PRINTI | | | PHYSIC 22e ADDRESS | IAN [] | DIRECTOR L | PHYSICIAN | uv. | 100 | 10/11 | |
| 1 | 1 | | | | 1.17 | | 000/2 | -41 | · NKS | Va 1 | · Mi | unto | | |
| | | 11192- | Conzale | 2, 12 | odo 17 | 0 | anc M | 100 | 19901 | 4 | MICHT | INITO | | |
| | | URIAL, CREMATIC | N, REMOVAL | 236 DATE | | 23c. NAME OF C | EMETERY OR CREMA | TORY | 23d LOCATIO | OWN | C. | OUNTY | | STATE |
| | | rial | | Apr 2 | 1986 | Warrent | on Cemeter | У | Warre | | Virg | inia | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Moser Funeral Home, Inc.

24 FUNERAL DIRECTOR

Warrenton, Virginia

Warrenton, Virginia

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1. 07:9 236 27:0 1:00 1. ELEVIS LEGISLE OF STREET (a casim ols! Prince Dies Committe A . I. I singulared out of the street of the land of the street definia family forceston x t. 6 for 219 22166 illian 4. Cons alita in diagram Yes WM III 19-16-6550 Porethy O. mens Corrector, Virginia 22166 FL-d The work of the first
The same I stated the substitute of the

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oser more, no. erraton, in inia

| 00-01287 | 1- | FOR STATE REGISTRAN | DEP | ARTMENT OF H | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO. | 0 8 8 | 91 |
|--|---------------|---|--|-------------------|--|--|--|---|
| A A | | CEASED NAME PHOT | WIDDLE | | AST | 20 DATE OF DEATH MON | TH DAY YEAR | 26 HOUR |
| 3 7 | A LINE | MARIE | Grace | P | AULS | 3-17-8 | 16 | 9:05 PM |
| (ou | 1. SE | | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. |
| ge 4 | | FEHALE | WHITE | 9 | - 1-1893 | 92 | YRS. | NOOKS MIN. |
| 4 50 86 | | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8. MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY OR CO | | |
| de de | | MARYLAND | USA | WIDOWE | | Prince Geo | | |
| 201 | Ļ | ty or town of death aurel | 11. NAME OF HOSPITAL, NU (FNOT IN SUCH FACILITY, GIVE S Greater La | aurel N | Jursing HOme | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife | RKING LIFE) INDUSTRY | Home |
| AND 21: | 13a. S | AL RESIDENCE IF NURSING HOME OF THE TOTAL PROPERTY OF THE TOTAL | | TOWN | 13d. INSIDE CITY LIMITS? YES NO [| 130. STREET ADDRESS | 20707 | |
| RYL orthin | 14" FA | THER'S NAME | MIDDLE . LAST | | 15. MOTHER'S MAIDEN NA | WE | 1 | AST |
| MAR wed w | 2 | William K | inight HEI | M | Emma | R. | You | ING |
| BALTIMORE, | 160 V | VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GF NO | | | HELEN NAYLO | ADDRESS OR 3961 Green | | |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE) | inly one couse per line for (a), Ib ED BY: ATE CAUSE (o) | ESTIVE | HEART FA | ILVRE | APPRO: BETWEEN | XIMATE INTERVAL ONSET AND DEATH |
| that the cent of the object of | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONS | | eath Uten | OVASIVLAR DI | JEASE | |
| RDS, 20 equires n signe Then p | NO | RENAL FAIL | CONDITIONS CONTRIBUTING | WIL RA | | ME | ON GIVEN IN PART 1 | la · |
| At RECO | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WI | HÍCH OPERÁTIO | N WAS PERFORMED | | LIFYES, WERE FINDS CERTIFYING CAUSE: YES | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of of the certificate has been sign of the buriol-tronsit permit. Then the ond "exited Hygiene prior to be the ond refeat 18 shows ony injury orked refeat 18 shows ony injury | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN I | ITEM 18 PART I OR PART 2) | |
| G PHYS ortending of this control of the bury sond '4e bury and '4ed of the bury should be bury the bury should be should b | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF | FICE, FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| ATTENDIN spirol or CTOR: Afi for use o of Health | | 220.1 certify that (1) (this hosp | pital) attended the deceased fr | ed . | nd that in (my) (our) apinion | to | ind hour and from the | , that (I) (we) lost e causes stated |
| the ho the hour the hour the hour the Dept | | 776 SICHUNG | ot) view the body after death. | | MD ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | _ 21 | ESIGNED |
| TO HOSPITAL reformed by 11 TO FUNERAL should be der with the State MAPORTANT. | | | HCHADO | | 371 MINCE | 000 | AUREL M | ip |
| | 23a. E | URIAL, CREMATION, REMOVAL SPECIFYI | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | 04.5 | Burial | 3/21/86 | Fort Li | ncoln Cemeter | | | Maryland |
| DHMH - 16 50M 4/82 | Fi | Affa Pse Gasch's | Sons Funeral ADH | lome, P. | Α | | REGISTRAR'S SIGNA | TURE |
| (VRA 15, 4) | 47 | 39 Baltimore A | venue Hyattsvi | 11e, Md | 20781 M | AR 2.4 1986 A | AND AND ASSESSMENT | A. Der |

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3/12/86

4739 Baltimore Avenue Hyattsville, Md. 20781

Prancis Gasch's Sons Funeral Home, P.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 356. REGISTRAR'S SIGNATURE

Resurrection Cemetery

Clinton

- - William Words

Maryland

26 HOUR

126 KIND OF BUSINESS OR

Cadv

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DAYS

MONTHS

NO I

STATE

COUNTY

22c. DATE SIGNED

Washington Post

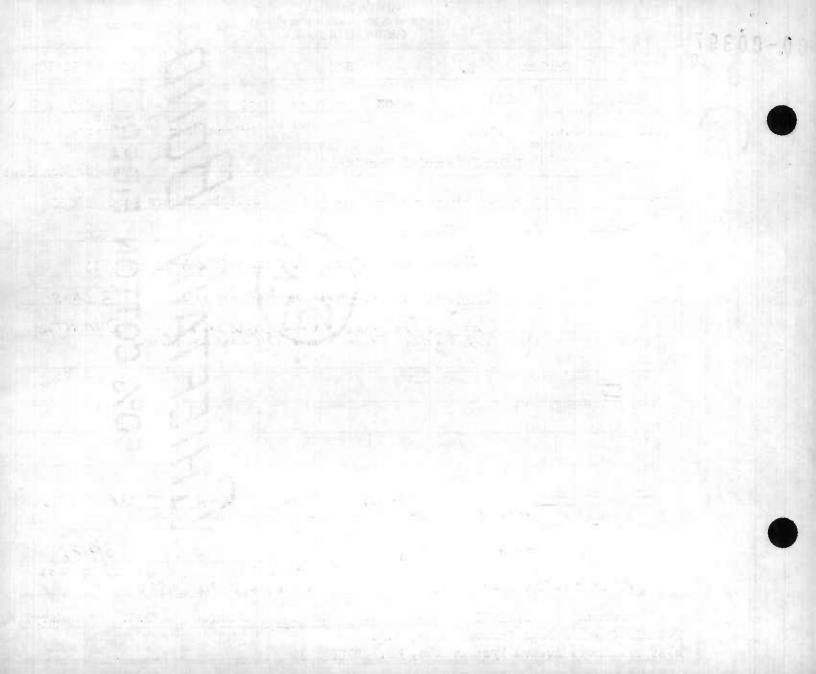
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86

IF UNDER LYEAR

12:30p

IE UNDER 24 HRS



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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO 20 DATE OF DEATH MONTH 2b HOUR 30, 86 03 20 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 1896 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED muce DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Manufac. Co. Owner 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6500 Riggs Road NO X 15 MOTHER'S MAIDEN NAME MIDDLE Rachel Unknown ADDRESS Leonard Palmer(son) 163 Dover St. Brooklyn, NY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO | NO YES | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN M DIRECTOR PHYSICIAN 5506 Kenilworth Que 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIF CITY OF TOWN STATE Burial Mar 23 1986 Washington Cemetery Brooklyn New York 24 FUNERAL DIRECTOR Ives-Pearson F.H. Arlington, Virginia

| | 1 | | | STATE OF MARYLAND | | | | | | | |
|--|---------------|---|--|---|---|---|--|--|--|--|--|
| | 11. | FOR STATE | DEPARTA | NENT OF HEALTH AND MENTAL HYG | IENE 8 6 0 8 | 901 | | | | | |
| 00-03284 | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | | | | | | |
| n= 2 | | CEASED NAME FIRST | WIDDLE | LAST | 26. DATE OF DEATH MONTH DAY | YEAR 26 HOUR | | | | | |
| A P | | CHAR | LES | PERRY | 03 30 86 | 1:05P M | | | | | |
| r. po | 3. SE | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER | DAYS HOURS MIN. | | | | | |
| s cto | | Male | Black | 0 ct, 13, 1922 | 63 YRS | | | | | | |
| 1 1 1 | | COUNTRY | 76. CITIZEN OF WHAT COUNTRY? | MARRIED X NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEA | ATH | | | | | |
| 1 1 10 | 6 | orth Carolina | U.SA. | WIDOWED DIVORCED | PRINCE GEORGES C | COUNTY MD. | | | | | |
| 1 11/194 | 10 C | CHEVERLY | (IF NOT IN SUCH FACILITY, GIVE STREET | G HOME OR OTHER INSTITUTION ADDRESS) GENERAL HOSPITAL | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDU Manager/Colonial | KIND OF BUSINESS OR USTRY Parkina | | | | | |
| 2 3 23/27 | LISU | AL RESIDENCE IN NURSING HOME OR | OTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | | (20020) | | | | | |
| Q 3 4 | Di | strict of Co | lumbia Washing | ton YES K NO 1 | 2515 "R" Street, | SE: Apt. 322 | | | | | |
| 和 制 结 法 | | ATHER'S NAME | | 15 MOTHER'S MAIDEN NA | ME | 02, | | | | | |
| WAN 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | 1 | Ashley | Harpe | r Annie | Degraphical | LAST | | | | | |
| R. | 160 | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | RITY NO. 17 INFORMANT 2515 | "R" Street,SE;#3 | 22; Wash. DC | | | | | |
| W 1 15 | Ye | s/Navy 1943 | /1945 240-12 | -7186 Geneva Ha | le Sheppard Perry | (wife) | | | | | |
| SALT SALT | | | ly one cause per line for Tall, (b), and | licii | / BE | APPROXIMATE INTERVAL | | | | | |
| on person | | PART I. DEATH WAS CAUSE D. P. CANDIO - respectatory arest | | | | | | | | | |
| or r or r | | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | |
| PRESTON he death c en attendir matian. or r fraumatia | | Conditions, if any, which | (16) mela | statue win | cancer | | | | | | |
| the the remover the | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | | |
| that that d by lease ral, c | | underlying couse last. | (c) | | | | | | | | |
| Signe signe on bur or bur | z | PART 2 OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO D | <u>PEATH</u> BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION GIVEN IN P | ART No | | | | | |
| RECORDS. Iaw requires been signermit. There prior to be | CERTIFICATION | 190 DATE OF OPERATION | 19h CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206 IF YES, WERE | FINDINGS LISED | | | | | |
| REC n. ne pr | J.F. | THE DATE OF GREATION | The Condition of Which | OF EKATION WAS FER OKINED | IN CERTIFYING C | AUSES OF DEATH? | | | | | |
| ITAL Sicro Sicro Sicro Sicro Sicro Sicro | ER | 21a ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 121c. HOW INJURY OCCURR | YES NOXX YES TELESCOPE NOW YES TO THE PART FOR P | NO 🗌 | | | | | |
| Physical Hyser of Hys | | OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH DA | Y YEAR | (Elifer Month of Month and Month of Market | | | | | | |
| YSK ding s ce s ce s ce s ce s ce s ce s ce s ce | MEDICAL | 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 21f LOCATION | | | | | | | |
| DIVISION OF VIT NG PHYSICIAN: 1 ottending physic tfter this certificate os the buriol-trons th and Mental Hyg | A | WHILE NOT WHILE AT WORK | (AT HOME STREET FACTORY OFFICE F. | | CITY OR TOWN COU | INTY STATE | | | | | |
| Afr olfb mort | | | tal) attended tile deceased from_ | 3/18 10 86 | 10 3/18 10 8 | 6 that (I) (we) last | | | | | |
| TOR Or or of H | | sow the deceased alive on above (1) Jiwe) (did) (did not | 2 / 101 | 6 , and that in (my) (our) apinion of | death accurred on the date and have and fro | | | | | | |
| REC REC | | 22b. SIGNATURE | . 10 | DEGREE | 224. | DATE SIGNED, | | | | | |
| the Dort | | John | an Uzamor | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 3/31/86 | | | | | |
| NER De d | | 224 PHYSICIAN'S NAME (TYPE OF | | 22e ADDRESS | 1 2 2 | 1 111 | | | | | |
| TO HOSPIT etained by TO FUNER should be with the Ste | | FABIAN AZ | A ABOMAS. | 1.D 1 A05pit | tal Drive Cher | orly, Md 20785 | | | | | |
| C/12/2/2 | | BURIAL, CREMATION, REMOVAL | | AME OF CEMETERY OR CREMATORY | 23d LOCATION | | | | | | |
| CYY BPYY | | (SPECIFY) Burial | 04/05/86 F | ort Lincoln Cem. | Brentwood, P.G. | Maryland | | | | | |
| DHMH - 16 60M 7/B4 | 24 F | UNERAL DIRECTOR LATNI | EY's Funeral I | lome 250 DATE | E REC'D. BY REGISTRAR 256 REGISTRAR'S SI | | | | | | |
| (VRA 15, 4) | 3 | 1831 Georgia | Ave. NW; Washing | ton, DC 2001 1 DR | 1 1 1086 1 a Davidson | -Aardall | | | | | |
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DRobert E Wilhelm

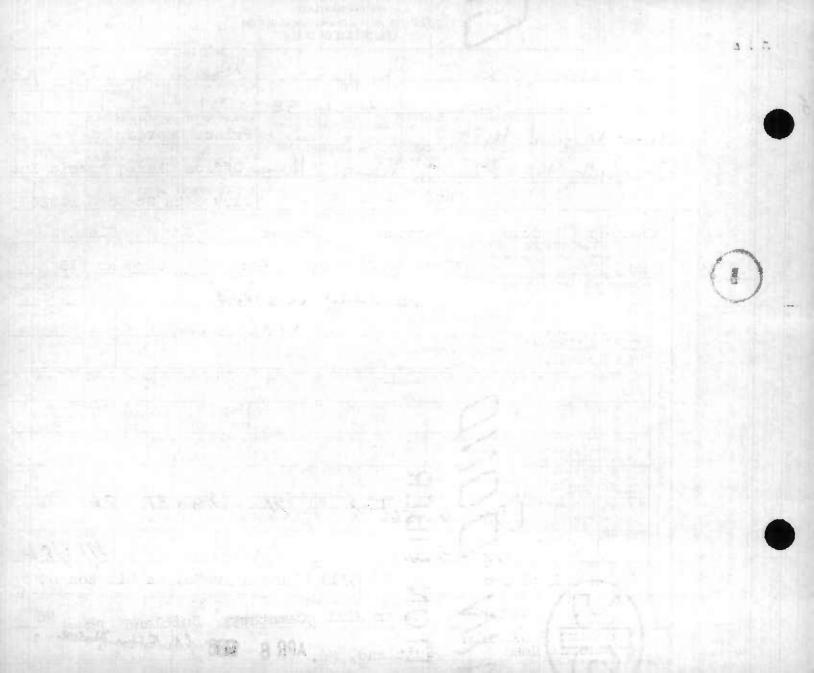
(VRA 15, 4)

STATE OF MARYLAND

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR



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| | / | 1,2 | FOR Film G614 it | | | | AND MENTAL | TYGIENE | UB | 4 U | 4 |
| oc | 6097 | | REGISTRAR 4/8/86 | o rja | MEDICAL EXAI | MINEK'S | CERTIFICATE | | G. NO. | | |
| Uto | 00031 | | CEASED NAME | rikar | WIGOTE | | LAST | 26. DATE KNOW OF ESTI- | 2 0 0 0 | OAY YEAR | 26 HOUR |
| | 英岛岛岛 | | | ENNETH | W. PI | CHER | | DEATH MATE | D 3-3-86 | 19 | M |
| | RDESE | 3 SEX | 4 RACE | S. DATE OF BIL | | BIRTHOAY MONE | DER 1 YR. IF UNDER | 24 HRS 20 DATE | MONTH | DAY YEAR1 | 24 140 YR |
| 4 | 328 E | Ma | le Whit | e 3 -13 | 1 -1958 2 | | DATS | DEAD | 3-3-86 | 5 19 = | 11:187 |
| P | 別を無数 | 10 BI | RTHPLACE (STATE OR REIGN COUNTRY) | 76 CITIZEN O | WHAT COUNTRY? | 8. MARR | IED NEVER MARR | 9. BALTIMORE CI | TY OR COUNTY | OF DEATH | |
| | 930377 | | Georgia TY OR TOWN OF DEATH | U.S. | Α. | WIDOW | | | George's | Counts | V MD |
| 1 | SHARE STATE | 30 CI | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSING | HOME, OR OTH | IER INSTITUTION | 128 USUAL OCCUPATION | TYPE OF WORK 12 | 26 KIND OF BU | ISINESS |
| | ALERONA A | 10 | heverly | | George's | | pital | Self-emp | loyed | Carpe | t |
| - | OF NOTE OF | 13a S | L RESIDENCE (IF IN NURSING | HOME OR OTHER INSTITUTION | N, GIVE RESIDENCE BEFORE A | ADMISSION) | | | | | |
| 2120 | るる語を思う | | Md. M | ontgomery | German | town | YES X NO | 13067 Mill | House | Ct.20 | 767 |
| MD. | THE TOWN | 14. F/ | THER'S NAME | | | | IS MOTHER'S MAID | EN NAME | | | |
| | \$52 36 | | Wendall | Wayne | Pilche | r | Claric | e widdle | Gil | .es | |
| BALTIMORE | 83 MS 2 | 16a V | VAS DECEASED EVER IN L | J.S. ARMED FORCES? | 166 SOCIAL SE | | 17 INFORMANT | Wayne Pilch | | | \ |
| Ę | A PER | N | O (IF) | None | 257-92 | -9511 | Wendall | wayne Pilch | ier - (| father | |
| | S B L B C C C C C C C C C C C C C C C C C | | 18 CAUSE OF DEATH (E | | line for (a), (b), and (c | 11 | LEJU NOU | ert Hardema Ga. 30 | 1683 | APPROXIMATE | INTERVAL |
| Y ST | 24 HOU TIEM IN TONG PERMI SIENE | | PARTIDEATH WAS (| MEDIATE CAUSE (a) | | | t and abdo | | ,00 | BETWEEN ONSET | AND DEATH |
| 0 | ALONA ANO NAGIE | | I/V | | OR AS A CONSEQUE | | c and abac | merr | | | |
| 2 | ER NSI | | Conditions, if any, | to the second second | | | | | | 1200 | |
| ×. | ON TRUE | | gave rise to imm cause (a) stating the | | OR AS A CONSEQUE | NCE OF | | | | | |
| 201 | DTED WITH IN PENCIL EXAMINE EYAL - TRAP MENTAL DN, OR RI | | lying cause last. | (0) | | | | | | 1 | |
| DS. | A ALL A ANICA A A TIC | | PART 2 OTHER SIGNIFICANT CON | IDITIONS CONTRIBUTING TO D | ATH BUT NOT RELATED TO TH | NE TERMINAL DISEAS | OF CONDITION CIVEN IN DE | 97.1 | | | |
| Ö | D BE EXECUTED WITHIN 24 PENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALON AS A BURIAL - PRANSIT PER ALIH AND MENTAL HYGIEL CREMATION, OR REMOVAL | Z | | | | TE TENNINE WISENS | on condition ditte in the | (K) 1 (U). | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | WID BE EN PENDING SED AS A I CREM | CERTIFICATION | 19a. DATE OF OPERATIO | N 196. CO | NDITION FOR WHICH | OPERATION W | AS PERFORMED? | | | 20 AUTOPSY? | , |
| IAI | SHOUL ORD "P CHIEF E USED TOF H | H | | Safe Land | | | | | | YES 18 | NO 🗆 |
| > 7 | CRTIFICATE SHOULD SITING THE WORD "PEI ROED TO THE CHIEF A B 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, O | H | 210. EXTERNAL CAUSE W | AS 216 TIM | ANCE BUTH DAY | 21c. H | OW INJURY OCCURRE | D LENTER NATURE OF INJURY IN ITE | EM 18 PART I OR PART | | NO L |
| NO | SE LE | | UNDERLYING OR CONTRIBUTING CAU | SE OF DEATH 10:3 | P.M. &3-3-86 | YEAR | bject four | | | | |
| ISIO | ERTING NO THE PROPERTY OF THE | MEDICAL | 214 INJURY OCCURRED | 211 DP1 A | 4 OF INJURY (AT HO | OME, 211. LO | CATION | | | | |
| 5 | いてはのセグ | E | WHILE NOT WHI | LE X | FACTORY, FARM, ETC.) | | COble Drie | tht Seat. Rd. | OUNT | | STATE |
| | STA STA | | | | king lot | | TV) | | Landover | , Mary | land |
| | L EXAMINER: E CERTIFICATE, OULD BE FORVAL DIRECTOR: H, WITH THE S. MARYLAND, | 3.7 | | k charge of the remains | | | | n L, Inquiry L, | and in my opin | ion | |
| | EXAMINO BE DIRECT WARYLY | | death resulted from: | Notural causes | Accident, | Suicide | , Homicide X | Undetermined manner | ٦. | | |
| | MAN SERVICE SE | | ACTUAL WALL | mote no | V1.00 | | TITLE (SPECIFY) | | DATE 3 | 1 00 | |
| | SER SER | 1 | SIGNATURE | 1 - also | Auto | <u>r</u> M | D Assistant | MEDICAL EXAMINER | SIGNED | 3-4-86 | |
| | A S S S S S S S S S S S S S S S S S S S | | EXAMINER'S NAME | | | | 444 | | | | |
| | TO MEDICAL EXAMENE THE CERTING THE CERTING THE CERTING THE CERTING THE PATER DEATH, WITH BATTIMORE, MARY | 23a BI | (TYPE OR PRINT) JRIAL, CREMATION, REMO | Margarita / | | OF CEMETERY O | | Penn Street | | | |
| | | (5 | Burial | | | | Cemetery | CITY OR TOWN | COUNTY | STA | ATE |
| 07/84 25M | BP | 24. FL | JNERAL DIRECTOR | 1 2/0/1 | oo Oak | GLOVE | | | REGISTRAR'S SIG | NATIDE | |
| | DHMH - 17 (VR AT5 ME (5)) | | NAME E. Barn | es ADD | RESS BOX | con I | 121 | AR 5 1986 | | er - puride | 1881 |
| | 1.110.11 (0)1 | D | Jomine Tun | anal Cam | rian Del. | son, N | IU. | U | | | |

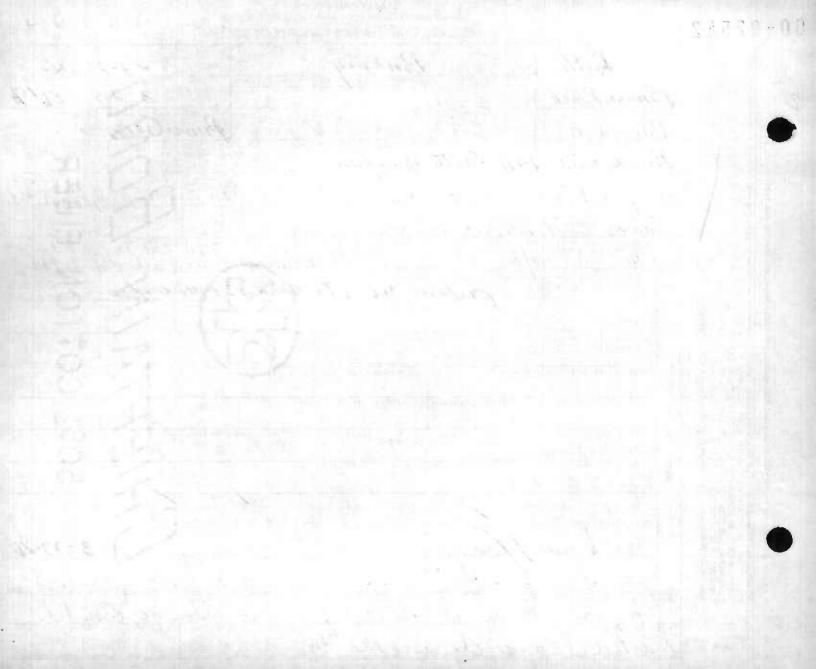
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| 81215 | - STATE REGISTRAR | DEPART | CERTIFICATE OF DEATH | REG. NO. | 8 9 0 5 |
|--|---|--|---|--|---|
| deoath C | I. DECEASED NAME FIRST (TYPE OR PRINT) GEO! | RGE William | RIGGS | 20. DATE OF DEATH MONTH DA 03-18 | 10011 |
| 4 ma) | 3. SEX | 4 RACE | S. DATÉ OF BIRTH | MO | UNDER TYEAR IF UNDER 24 HRS |
| oge recto | Male | Caucasian | March 14, 1914 | 72 _{YRS} | |
| 2 ho d | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | MARRIED KENEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | |
| deat hin 7 | Pennsylvania | U.S.A. | WIDOWED DIVORCED | PRINCE GEORGE | MD. |
| by the filed with | CHEVERLY | PRINCE GEORGE'S | ADDRESS) GENERAL HOSPITAL | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Self Employed | IZE KIND OF BUSINESS OR INDUSTRY Electric Co. |
| filled in | Maryland Pri | nce Geo. Landover | YES X NO [| 13e STREET ADDRESS / ZIP CODE 6505 West Forest | Road 20785 |
| and 2 s | Port | Riggs, S | | WIDDIE | McCaslin |
| Poges. | 160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES. | ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 192-09-1 | 010 | OUSE ADDRESS eth Riggs, Same as | s Line #13 |
| physicia physicia papers papers reval. | | anly ane cause per fine (a), (b), on ISED BY: IATE CAUSE (a) | ta conline | arrest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| at the death of the beath of th | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS CONSEQUI | e Yronkulo + s | enyplysena | |
| requir t. Then or ta bu | & althor | lanotes front | DEATH BUT NOT RELATED TO THE TERM | THE CONTRACT OF THE PROPERTY O | 8-10-2 MBAILE (UMA) |
| ine iaw ison. e hos be sit permi | 1111 | | OPERATION WAS PERFORMED | YES NO S IN CERTIFY | April 1 Sept. |
| ertification of the state of th | CONCENSIONS ELECTRICAL CONTRACTOR | DEATH HOUR A.M. MONTH D | AY YEAR 19 | RED ((HITE WATCHE OF MILLERY METERS IS PAR | 1 (GR FART 2) |
| affendin ter this c s the bur | WHILE ACCOUNTED AND AND AND AND AND AND AND AND AND AN | 214 PLACE OF PAJURY (AT HOME STREET, FACTORY, OFFICE, I | THE LOCATION STREET | CITE DE 10WH | COUNTY MAIE |
| TTENDIN pital ai TOR: Af for use a af Health | 27s.1 certify that (f) (this ha | on 3 - 19 I | 1982 19 19 and that in (my) (our) apinion | death occurred on the date and hour a | that (1) (we) last and from the course stated |
| TAL OR A yy the hos RAL DIREC detached tate Dept | green green | Stanling ! | | MEDICAL STAFF | 3/18/86 |
| TO HOSPITA etained by TO FUNERA should be de with the Stat | | ARDING, M.D. | ACEDS SALMES TO | MAY CENTER DR. GREE | Market College Brook |
| BP | 23a BURIAL, CREMATION, REMOV (SPECIFY) Burial | | NAME OF CEMETERY OF CREMATORY IN-Lincoln Mem. Pk. | | n, Pa. |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | SONS FUNERAL HOM | (T. D. A. 25a. DA | TE REC'D. BY REGISTRAR 256 REGISTRA | AR'S SIGNATURE |

STATE OF MARYLAND

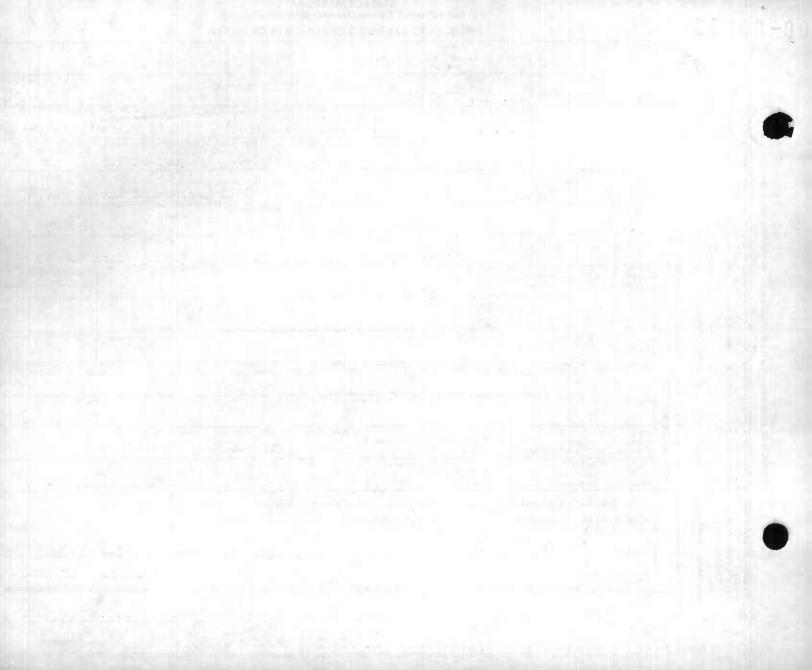
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| 0.0 | 00510 | 12 | FOR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 06 |
| 00- | 025412 | 1 | STATE REGISTRAR | MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | 0 0 |
| | | 1. DE | CEASED NAME _ FIRST | MIDDLE 20 DATE KNOWN MONTH DAY | YEAR 2b. HOUR |
| | | (TY | PE OR PRINT) P. H | OF ESTI | 61 |
| | PLEASE RECTOR. IR FILES. HOURS STREET, | 2.05 | AUIN | LOUISE PINKNEY DEATH MATED 23-23 | 19 66 M |
| | SESE | 3 SE | RACE | 5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED | YEAR 2d. HOUR |
| 1) | DIRECTOR OUR ON ST | 1/ | Amalo Black | 05 5 11 74 YRS. DEAD 3-73 | 198 A AM |
| - | SSA RAL MIN | 7a B | IRTHPLACE (STATE OR | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF | DEATH |
| 11. | 日本の言葉 | 1 | laruland | " USA WIDOWED DIVORCED DIVORCE | , |
| | Z P m 9 | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (LYPE OF WORK 1126 KI | ND OF BUSINESS |
| | SESTED! | 1 2 | Brank | (IF NOT IN SUCK FACILITY, QUALSTREET ADDRESS) FOR MOST OF WORKING LIFE) | RINDUSTRY |
| | #00 m | 11511 | or way with | EOR OTHER INSTITUTION, GIVE RESIDENCE BY ORE ADMISSION | - |
| 3 | 5255 OZ | 130 | STATE 1 131 COUNT | INTY 132 CITY OR JOWN 133 INSIDE CHY LIMITS? 136 STREET ADDRESS | 20613 |
| 1 | ≤ ≤ 発売す | N | aryland Frin | nce Geo Brandywine YES IN NO 14211 South Springt | Field Kd. |
| 1 | 1000 | 14. F | ATHER'S NAME | T MIDDLE 11.5. MOTHER'S MAIDEN NAME MIDDLE | LAST |
| | 38233 | 1 | lames tr | rederick Henson Marie L. Gr | 450 |
| 1 5 | 2 00320 V | 16a. | WAS DECEASED EVER IN U.S. ARA | RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS - | 01 |
| | - Sept | (| YES, NO, OR UNKNOWN) (IF YES, GIVE V | ve war Or Dates) | na. |
| | \$ 20 E & S | = | | Mach, Md. | 20744 |
| | MAN WAR | | PART I DEATH WAS CAUSED | | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | A TENENT | | | TATE CAUSE (0) His tens fruit no almand o remer acres | - |
| 1 | STATES | 15 | | DUE TO, OR AS A CONSEQUENCE OF | |
| | E E E SE E E | | Canditions, if any, which gave rise to immediate | | |
| 3 | SNAME S | | couse (a) stating the under- | | |
| - 1 | ZAZAZZ | | lying couse last. | | |
| , | 25.75.75 | | PART 2 OTHER CIGNICICANT CONDITIONS | (<) | |
| - | PENDING MEDICA MEDICA D AS A BH MEALTH A MEALTH A | Z | TANT E OTHER STORM (CARDITION) | COUNTRIES TO GENTLE BOT AND MECKATED TO THE TEXMINAL DISEASE OF COMMITTION PLACE IN EACH 1 10. | |
| 1 | "PENDIN" "PE | CERTIFICATION | 190 DATE OF OPERATION | | |
| | コーコンルボーセール | 2 | 190. DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | AUTOPSY? |
| | S S S S S S S S S S S S S S S S S S S | E | | | YES NO |
| | STOR OF VIEW OF THE CATE SHOULD BE CEPARTMENT OF THE CARTMENT | 1 8 | 210 EXTERNAL CAUSE WAS | 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| | SET OF A | 31 | UNDERLYING OR CONTRIBUTING CAUSE OF D | | |
| | CERTIFICATION STANCE TO SEE TO | MEDICAL | 21d. INJURY OCCURRED | 210 PLACE OF INJURY (ATHOME. 21f. LOCATION | |
| | SCENTIFIC VRITING THE CE 3 SHOULE OF PRIOR | M | WHILE NOT WHILE T | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY | STATE |
| | ZAYAET S | | AT WORK AT WORK | | |
| | AEST NO. | | 22a I certify that I took charge | irge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion | |
| | ZUTEF | | death resulted fram: Nature | tural causes . Accident . Suicide . Homicide . Undetermined monner . | |
| | EXAMI CERTIFI JID BE DIRECT WITH | | _/ | TIQLE (SPECIFY) | |
| | 30207.8 | | SIGNATURE MESESTS | Deputy Date 3 | -73-86 |
| | ZER SER | | SIGNATURE | M.D. MEDICAL EXAMINER SIGNED | 00 4 |
| | ST. ST. | | EXAMINER'S NAME Augus | usto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hil | 1 o MD |
| | TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL PAGE 4 SHOUL PAFTER DEATH. BALTIMORE, M. | 0.0 | THE CHARLES | | rs, m |
| | FMT F 4 80 | 230.E | SPECIFY P | 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY | AA STATE |
| 07/E 25M | | - | Durial | 29MAR 86 Jibbons VMC Brandywine, P.G., | Md. |
| 45M | DHMH - 17 | 24. 5 | UNERAL DIRECTOR | 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAT | URE |
| | (VR A15 ME (5)) | 1/1 | astell (Ida | and alguniar Mil box AFN U 4 1986 | |



| 00-0 | 0353 | | FOR STATE REGISTRAR | | ME | | MENT OF | HEALTH | AND ME | NTALH | YGIEN F DE | E O | 250 | 0 8 | 9 | 0 | 1 |
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| | 3000E12 | | CEASED NAMI PE OR PRINT) | | AMES | MIDDLE J. | POR' | | LAST | | | 20. DATE NOF | REG. NOWN X ESTI- MATED | MONTH X | -86 , | YEAR | 26 HOUR |
| | PY, NEA DIRECTO DUR FILE 72 HOUR N STREE | Ma Ma | ale | 4 RACE White | 5. DATE OF BIRTH MONTH DAY | YEAR | 6. AGE (IN YE LAST BIRTHD | | | HOURS | 24 HRS. | 2c. DATE PRONOUN DEAD | | MONTH 3-8- | -86 10 | YEAR | 2411HOUR 11:10 |
| | NAME OF THE PERSON OF THE PERS | Ma | RTHPLACE (5) REIGN COUNTRY) Aryland | | U.S.A. | HAT COUN | | | ED NEV | ER MARRI | IED L | 9. BALTIMO | | _ | ge's (| | tv MD |
| | O Special | | Reltsvi | | 11. NAME OF HO (IF NOT IN SUCH F) FOR OTHER INSTITUTION, G | ACILITY, GIVE ST | REET ADDRESS) | | ER INSTITUT | | | ALO OWP | TOP (IFE) | forwark Store | 126 KIND OR II | of Bus Noustr | SINESS |
| . 21201 | Sound Annual Comment | 13a S Ma | ryland | P.G | TY | 13c. CITY | or town ege Pa | ON) | 13d. INSIDE CIT YES X | Y LIMITS? | 13e STRI 5012 | EET ADDRES 2 Lack | ss cawa n | na St | reet | 20 | 740 |
| ORE, MD. | Hesel S | | Joseph | DEVER IN U.S. ARA | MIDDLE | Po | rter | 7.10 | 15. MOTHER FIR Ca 17. INFORM | ther | | MI | DDLE | | Mal | l loy | |
| BALTIMORE | MS. AFTER MITH FOR WITH FOR DIVISION | No | es, no, or unkno | WN) (IF YES, GIVE | war or dates) ly one cause per line | 220- | 48-901 | | | | . Por | rter (| ADDRES (Wife | | me as | #1 | |
| 6, 261 W, PRESTON ST | OFFO WIN 24 HOLIN ITEM IN ENGLISH ALONG PERMIT ALONG PERMIT HANGING PERMITON, OR REMOVAL. | 7 | Condition gave ris cause (a) lying cau | is, if any, which e to immediate stating the under- | DBY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR | AS A CON | Itiple SEQUENCE (| OF OF | | | | | | | BETWEE | n onset | AND DEATH |
| DIVISION OF VITAL RECORDS | SHOULD BE EN OND PENDING OHEF MEDICA E USED AS A B TOP HEALTH A SIRRAL, CREMA | CERTIFICATION | 19a DATE OF | OPERATION | | TION FOR V | | | AS PERFORM | | RI 1 (a). | | | | 20. AU1 | TOPSY? | NO 🗆 |
| DIVISION OF | HIS CERTIFICATE WRITING THE WARDED TO THE AGE 3 SHOULD FATE DEPARTMENT OF THE AGE AGE AGE AGE AGE AGE AGE AGE AGE AG | MEDICAL CE | UNDERLYING CONTRIBUTION | NG CAUSE OF D | 21e PLACE | 3-8-86 | | dri | Ver of | f an | auto | auto/ | coll | lision | | Md. | STATE |
| • | TO MEDICAL EXAMINEE: TEXECUTE THE CERTIFICATE. PORM CE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PARTIE BOATH, WITH-HE STEED AND TO THE CONTRACTOR PARTIE DO THE CONTRACTOR PARTICULOR PARTICUL | Na Palling | | y that I took charge of fram: Nature WOLLY NAME | e of the remains desolections of the courses of the courses of the course of the cours | Accident | X, Su | Sur Award | Hamicic TITLE (SPI | e Ave Inspection de, ECIFY) | Undete | Inquiry | , anner , | DATE | ipinian | 9-86 | |
| 07/84 25M | BP DHMH - 17 (VR A15 ME (5)) | 24F1 | B1 | Gasch's S | 3/12/86 ons Fune enue Hyai | For | t Lind | oln A. | | ry | Bre | CATION OR TOWN PEGISTRAR 1986 | 25h, REG | P.G | | ryla E | and |

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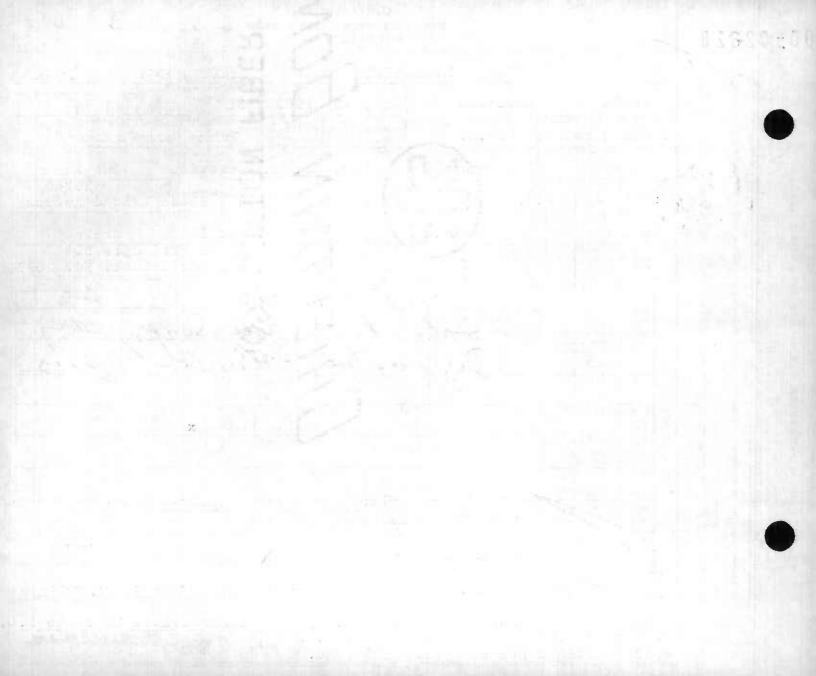
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| REGISTRAR | | CERTIFI | CATE OF DEATH | REG. NO. | |
|--|----------------------------------|---------------------|---------------------------------|---|--|
| I DECEASED NAME FIRST | MIDDLE | - 14 | AST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| [TYPE OR PRINT] Cora | | Qui | Sen bury | March 8,1 | 986 4:40 pm |
| 3. SEX | 4 RACE | 5 DATE O | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 2 HRS |
| Female | Black | MONTH | 3 1888 | 91 YRS | MONTHS DAYS HOURS MIN. |
| 70 BIRTHPLACE (STATE OF FOREIGN | | NTRY? 8 | NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| Virginia | USA | WIDOWE | _ | trince (| Teorges MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | | ROTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L | 126 KM D OF BUSINESS OR IFEI INDUSTRY |
| Clinton | Southern | Mary 19 | ind | Housekeeper | None |
| | OUNT 13c. CITY O | | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | E20744 |
| Md. | Ft. I | Washingto | | Re. Hab. Cent | er |
| 14 FATHER'S NAME FIRST | MIDDLE | ST | 15. MOTHER'S MAIDEN NAM | WIDDLE | LAST |
| Andrew 160 WAS DECEASED EVER IN U.S | | isenbury | Mary 17 INFORMANT | ADDRESS | Vines |
| (YES, NO OR UNKNOWN) (IF YE | S. GIVE WAR OR DATES) | | | | |
| No | | -26-0700- | | ra A. Lyles/gre | ADEROVINANT BUTTON |
| PART I. DEATH WAS CA | 1 // | ibi, and igi | Pu/m Bang | or Dr., Ft. Was | SMOTEN ONSET AND DEATH 2 min 5. |
| IMME | DIATE CAUSE (a) | Y C10 | , 100000 | 1 111 | \alpha mms |
| Conditions, if any, which | DUE TO, OR AS A COL | SEQUENCE OF | well Caroli | ac Hry luthm | 16 5 mms. |
| gove rise to immediat | e) | // | Cur Giran | 1 + 011 | 11 |
| underlying couse los | | emia C | Tue To re | not farure | Jaays. |
| PART 2 OTHER SIGNAFICA | NT CONDITIONS CONTRIBUTIN | G TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE, OR CONDITION G | IVEN IN PART You |
| 5 AltzKein | ers Diseas | e. Osto | eo porosis. | apillon Fr | aft lity |
| 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN | 196 CONDITION FOR | VHICH OPERATION | N WAS PERFORMED | | FYING CAUSES OF DEATH? |
| NT | NI | 7 | | | ES NO |
| OR CONTRIBUTING CAUSE OF | LIGHT THE MODIT | H DAY YEAR | 71c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| (IF EITHER NOTIFY MEDICAL EXA | | 19 | THE LOCATION | | |
| 21d INJURY OCCURRED WHILE NOT WHILE | 21e PLACE OF INJURY | OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| Al WORK AI WORK | | | Not into | 2/0 | 198 6 that (I) (we) last |
| saw the deceased aliv | | 17/ | d that in (my) (got) opinion of | death occurred an the date and ha | |
| abave, (I) (we) (did) (d | d not view the body after death. | | DEGREE | - | 22c DATE/SIGNED |
| Kirls | 1/1/ Yarsa | W . 11. | M// ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/2 /26 |
| 224 PHYSICIAN'S NAME | TYPE OR PRINT) | 1 013 | 22e ADDRESS | / / / | EHWash, |
| Kichard | H. Harson, | MD. | 9401 In 11. | anhead Him 360 | md 20744 |
| 230 BURIAL, CREMATION, REMO | | | EMETERY OR CREMATORY | 23d. LOCATION | COUNTY Md STATE |
| Burial | 3-12-86 | Linco | In Memorial | Sultland, | rid |

DHMH - 16 60M 7/84 (VRA 15, 4) John T. Rhines Co., 3015 12th St., N.E., D.C.

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(VRA 15, 4)

STATE OF MARYLAND

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Calmeter University Park Williams Calminus L.C. THE COST IN THE 500 includes its Elvid., the Silvan Invina. Iti.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 20 DATE OF DEATH DECEASED NAME 2h HOUR LITYPE OR PRINT March 23, Reynolds 1986 James Edwin 4:20A. 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1: 5EX 4 RACE MONTH Male White Sept. 3, 1914 71 9 BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE ISLATE OF FOREIGN MARRIED X NEVER MARRIED Prince George's County Canada DIVORCED WIDOWED IR CITY OR TOWN OF DEATH I MAKE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Dept. of 4105 Gallatin Street Hyattsville. Chief of Public Agriculture USUAL RESIDENCE IN NULL nformation Maryland Hyattsville 3. STREET ADDRESS / ZIP CODE 4105 Gallatin Street 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Reynolds Lynch John Norma ADDRESS 14h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Eunice Reynolds (Wife) Same as #13 Yes -Navy 482-09-8915 W.W. II 18 CAUSE OF DEATH (Enter only one cause per line, in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) etastatic Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 286 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NOF 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d. INJURY OCCURRED 2) e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased from. 86 and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22¢ DATE SIGNED 22h SIGNATURE ATTENDING March24, 1986 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Frederick G. Barr, M.D. 106 Irving St. N.W. Washington, D.C. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY March26, 1986 George Wash. Cem. Hyattsville Burial Maryland P.G. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/B3 MAK 26 1986 , una waydoon-Mandavac (VRA 15, 4) 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

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| 00- | -00809 | 1- | FOR STATE REGISTRAR | | DEPAR | TMENT OF H | OF MARYLAND EALTH AND MENTAL ICATE OF DEATH | HYGIENE | S S REG. NO | 0 | 8 9 | 1 5 |
|-----------|--|---------------|--|---|---------------------|--|---|-------------|---------------------------------|-----------------|-------------------------|----------------------|
| | | | CEASED NAME FIRST | N | AIDDLE | 1 | AST | 2a. D | | ONIH DAY | YEAR 2 | HOUR |
| | oy be oge 3 deoth | (TYPE | STELLA | | | R | ce | | 3 | 5 | 86 | 150 |
| 1 | yom Pog | 3. SEX | | 4 RACE | | 5. DATE C | | 6. AG | E (IN YEARS LAST BIRTH | | UNDER I YEAR | F UNDER 24 HRS |
| 3/5 | ge 4 | 1 | FLMALE | wh | | MONTH | 9 98 | | 87 | YRS. | | YOURS MIN. |
| | h. Po | | RTHPLACE (STATE OR FOREIGN SUNTRY) | 7b. CITIZEN OF | what country State | 11 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | NEVER MARRIED | | LTIMORE CITY OR | | | |
| | deo deo | | TY OR TOWN OF DEATH | | | MIDOME | DIVORCED ROTHER INSTITUTION | | rince Ge | | | MD. |
| 5 | offer with | | restville | CIE NOT IN SUCI | HEACHITY GIVE STOR | ET ADDRESS) | acility | (TYPE | of work for most of Secretar | | Dept | ASINESS OR AGricu |
| ND 2120 | 24 hours | USU | AL RESIDENCE (IF MURSING HOME COTATE 136 COU | ROTHER INSTITUTION | | ORE ADMISSION) | 13d Inside City Limit Des \to \to \to | TS? 13 e ST | REET ADDRESS / 2013 32m | | 999 | Z _{SE} |
| YEA | thin thin | 14. FA | THER'S NAME FIRST | WIDDIE | LAST | | 15 MOTHER'S MAIDEN | | MIDDLE | | | |
| MAR | 1 100 | | Thomas | MIDDLE | Rice | _235 | Sarah | | MIDDLE | Ott | erhol | t |
| | | | VAS DECEASED EVER IN U.S. A | | 166. SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRES | S | | |
| BALTIMORE | (R) 13 | T. | res, no or unknown) (IF yes, G | IVE WAR OR DATES | 523-16 | -2396 | John R R | Rice | same a | s #13 | | |
| T., BALI | | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per ED BY (TE CAUSE 10) | line for (o), (b) | new | monic | | | | APPROXIMA BETWEEN ON | SET AND DEATH |
| NO S | h cer nding corbo or re | | | | R AS A CONSEQ | UENCE OF | · M | | 0 1 | 9,2311) | | |
| EST | deof otter ove oum | | Conditions, if ony, which | (b) | | Das | tanie 12 | rain | Dynol | une. | | |
| ×. P. | t the removered the tremo | | gove rise to immediate couse (a), stating the underlying couse lost. | DUE TO, OF | R AS A CONSEQ | UENCE OF | | | / | | | |
| 10 | ed by | | | (c) | | | | | | | | |
| DS, 2 | signi hen p to bu | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | NIRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMINAL | DISEASE OR COND | ITION GIVEN | IN PART 110 | |
| Ö | been mit. I | CERTIFICATION | 190. DATE OF OPERATION | 19b CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 | AUTOPSY? | 20b. IF YES, V | VERE FINDING | S USED |
| T RE | in a see see | F | 100000000000000000000000000000000000000 | | | | | YE | S NON | IN CERTIFYIN | NG CAUSES O | F DEATH? |
| ATIV | Cote I Consit Hygie | H H | 210. ACCIDENT WAS UNDERLYING | | | DAY VEAR | 21c. HOW INJURY OC | CCURRED (| ENTER NATURE OF INJURY | IN ITEM 18 PART | I OR PART 2) | |
| Ö | SICIA ng ph certifi riol-tr entol | ¥ | OR CONTRIBUTING CAUSE OF DE | | M. MONTH | 19 | | | | | | |
| DIVISION | HYS nding nding d Me | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE C | | | 216 LOCATION | | CITY OR TOW | N | COUNTY | STATE |
| IVIS | offer the honor ho | 2 | WHILE AT WORK | (A) HOME, SIKI | EL PACIORI, OFFICE | C PARM, EIC.) | | | | | | |
| Ω | NOT - or - o | | 228.1 certify that (1) (this hosp | 400 1 1. | deceased from | Ju | 19. | 3.1 | Maris | | 06 | ot (I) (we) lost |
| | Spito CTO I for | | sow the deceased alive of obove, (1) (we) (did) (did n | ot) view the body | ofter death. | or | dithot in (my) (our) op | inion deoth | occurred on the dot | e ond hour o | nd from the co | uses stated |
| | OR ho | | 27b. SIGNATURE | 1-1 | 0 | 24.5 | DEGREE | NC - I MEI | DICAL STAFE | | 22c DATE SI | GNED |
| | TAL by th RAL detc tote | | 1 * | wellet | Olacu | 1 1/ | * | AN DIRE | DICAL STAFF ECTOR PHYSICI | AN | 13/6/ | 86 |
| | FUNE STAFE S | | 226 PHISICIAN'S NAME (TYPE | | | | 3112 Ala | bama | Ave SE, | Wash | ingto | n DC |
| 01 | O HOS eroined TO FUN with the | | J H Thi bad | | | | | | | | | |
| 07 69 | 7.777 | | SURIAL, CREMATION, REMOVA | 1000000 | 236 | NAME OF C | EMETERY OR CREMATO | ORY 23 | LOCATION CITY OR TOWN | c | PG | Md |
| // | // BP | 24.51 | Burial | TIGIL | 1986 | ort I | incoln Ce | emette | TV Bro | ntwoo | d PG | Ma |
| | DHMH - 16 50M 4/83 (VRA 15, 4) | 24 F | NAME ROBERT E Funeral | Wilhel | m ADDRESS | | d. MdAR | DATEREC | D. BI REGISTRARIZ | MACON A | and L | 9 |

| | | | | | | | | | | MAKYLAI | | | - | | 100 | 4 | 2 2 | 6 |
|-------------|--|----------------|--------------------------|------------------------------------|---------------|--------------|--------------|----------------|--------------|---------------|---------------|-----------|--------------|----------------|-----------|--------------|-----------|-------------|
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| 0-00 | 1130 | | REGISTRAR CEASED NAME | FIRST | | WEL | MIDDLE | XAMIN | IEK.2 | LEKITFIC | CATE | JF DE/ | | REG. | | | | |
| | | | E OR PRINT) | | | | MIDDLE | D. T. | OTT I DI | 2001 | | | OF | KNOWN ESTI- | Α | AD HTMC | | 2b. HOUR |
| | OR O | 2 CEV | | JOSEPH 4. RACE | | COINTI | | | CHARI | | | | | MATED | | lar 08 | - 17 - | |
| | STEER | 3. SEX | | | S. DATE O | 19, | | 87 BIRTHO | AY) MONT | HS DAYS | HOURS | R 24 HRS. | PRONOU | | MO | NTH DA | YEAR | 4.27 |
| | ARY 172 ON | Fer | male | BLACK | | | | Υ | RS. | | | | (BDEA) | | | 1ar 0 | 17 | a .M |
| 4 | ESS. | 7a BII | RTHPLACE (ST. | ATE OR | | | AT COUN | | 8. MARR | | VER MARE | RIED 🗌 | DALTI | MORE CITY | Y OR CO | O YTMUC | FDEATH | |
| | NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. THIRIN 72 HOURS HESSON STREET. | | reign country) | | | | tates | | WIDOV | | DIVOR | | | nce G | | | ounty | |
| 1 | 148 E 2 E 1 | | TY OR TOWN (| OF DEATH | | | | SING HOM | E, OR OTH | ER INSTITU | TION | FOR | MOST OF WO | PATION (| TYPE OF W | | KIND OF B | USINESS |
| | A B B L | | neverly | | Princ | ce Ge | orge | s Gen | eral | Hospi | tal. | Hou | sewif | е | | pr | rivate | e |
| 5 | TO TO A | USUA 13a S1 | | IE IN NURSING HOME | | TUTION, GIVI | | OR TOWN | ION) | 13d INSIDE C | ITY LIMITS? | 13e STR | REET ADDR | ESS C | 20 |)> | 85 | |
| 21201 | AND AND SECOND S | M | laryland | 1 P. | G. | | Lano | ver | | YESX | NO 🗆 | 16 | 11 Ro | oseve | elt. | Avent | re | |
| M M | H ASSIGN | 111 - | THER'S NAME | | MIDDLE | 4 | | AST | | 15. MOTHE | R'S MAID | EN NAME | E | MIDDLE | | 100 | LAST | |
| , E | S S S S S S S S S S S S S S S S S S S | | .11iam | | | | | wford | | | rah | | | | | Lee | 3 | |
| JWC | SECOND / | Iáa V (YE | VAS DECEASED | EVER IN U.S. AR | MED FORCE | | 16b. SOC | IAL SECURIT | Y NO. | 17. INFORA | THAN | son | | ADDRE | SS L | andov | ver, l | Md. |
| 1 | A SEE SEE | | no | | | | No | ne | | Thoma | as V. | Ric | hards | on-16 | 511 | Roose | evelt | Ave. |
| 3 | 3 F - F | | 18 CAUSE OF | DEATH (Enter on | ly one couse | per line f | ar (a), (b), | and (c).) | 100 | | | | 14. | | | B | APPROXIMA | TE INTERVAL |
| Z/ | ENERGY | | PARTIDE | ATH WAS CAUSE IMMEDIA | TE CAUSE (c | a) Ar | teri | oscler | otic | cardi | ovas | cular | dis | ease | | | | |
| STO | THIN Z | | 11 | | | TO, OR | AS A CON | SEQUENCE | OF | | | | | | | | | |
| g. | WITHIN VCIL IN INER A RANSIT TAL HY R REMO | | | s, if any, which e to immediate | | b) | | | | | | | | | | | | |
| × . | 一つからトスの | 18 | couse (a) lying cous | stating the <u>under</u> - | DUE | TO, OR A | AS A CON | SEQUENCE | OF | 11 11 | | | | | | | | |
| . 20 | XECUTE VG. IN I | 16. | tymig coo. | 1031. | ((| () | | | | | | | 100 | | | | | |
| RECORDS | | | PART 2 OTNER SIG | INIFICANT CONDITIONS | CONTRIBUTING | 10 OEATN 8 | UT NOT RELAT | EO TO INE IERA | IINAL OISEAS | E OR CONOITIO | N GIVEN IN PA | ART 1 (a) | | | 7 | FU | | |
| 60 | MEDII MEDII AS A EALTH CREA | CERTIFICATION | | | | | | 1 | 2 | | | | | | Eller | | | |
| A R | HOULD RD "PE HHEF A USED USED I | CA | 190. DATE OF | OPERATION | 19b. | CONDITI | ON FOR V | VHICH OPER | MOITA | AS PERFOR | MED? | | | | | 20 | AUTOPSY | |
| VII | S S S S S S S S S S S S S S S S S S S | RTIF | | | | | 4 | | | | | | | | | | YES 🗌 | NOX |
| DIVISION OF | HIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CH AGE 3 SHOULD BE L AGE 3 SHOULD BE L THE DEPARTMENTED TO PRIOR TO BUR | | 21a EXTERNAL | CAUSE WAS | | TIME OF | | DAY YEAR | 2 Ic. H | OW INJURY | OCCURRI | ED (ENTER | NATURE OF IN | JURY IN ITEM | 18 PART 1 | OR PART 2) | | |
| O | S T S T S T S T S T S T S T S T S T S T | MEDICAL | CONTRIBUTION | G CAUSE OF | | P.M. | 98 | 19 | | | | | | | | 10.5 | | |
| N SI SI | CERTIFING TO | AED | 21d INJURY O | | 2 le | PLACE O | F INJURY | (AT HOME, | | CATION | | | CITY OR TO | OWN | | COUNTY | | STATE |
| ۵ | E, WRIT RWARDI PAGE : PAGE : STATE D | | AT WORK | AT WORK | _ | | | | | | | | | | | | | |
| | NER: 1 CATE, FORV TOR: P THE SI AND, 3 | 150 | 22a. I certify | y that I taak charg | ge of the rem | nains desc | ribed abov | re, held an | Autop | sy . | Inspectio | an X, | Inquiry | X | and in r | пу оріпіал | 1 | |
| 6.3 | 3 4 4 1 1 7 3 | | death resulte | d frage Natu | ral causes [| X. | Accident | , su | icide 🗌 | . Homic | ide . | Undet | ermined m | |]. | | | |
| | EXAMINATE DIRECT WITH WARYLY | | - | W | | V | 0/ | | | TITLE (S | PECIFY) | | | | 121 | | 4 | |
| | AL EXA HE CER HOULD AL DIR TH, WI E, MAR | 0. | SIGNATURE | negu | 20 | 1 | toa | ugu | 2/M | Deput | У | MED | ICAL EXA | MINER | D | ATE IGNED | 3/8/1 | 1986 |
| | DEA STANS | 0.3 | CVAMBLED'S A | // | | / | | 11 | 0 | | | | | | | | | |
| | TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH V. BALLIMORE, AM. | gi | (TYPE OR PRIN | T)Angusto | P. R | odric | wez, | M.D. | | ADDR 50C | 19 Ra | yburr | Ct | Tem | ple | Hill: | s, MD | |
| | PATO PATO | 230.BL | JRIAL, CREMAT | ION, REMOVAL | 236 DATE | | 23c. N | AME OF CE | METERY O | RCREMATO | ORY | 23d LC | OCATION | | | COUNTY | - | STATE |
| 07/84 | BP | В | urial | | 3/12/ | 86 | Mt | . 01i | ret C | emeter | | Was | shing | ton. | D.C | | | |
| 25M | DHMH - 17 | 24 FL | NERAL DIRECT | TOR | | ADDRESS | | | | | 250. DATE | REC'D. BY | REGISTRA | AR 25b, RE | GISTRA | R'S SIGN | TURE | 10 |
| | (VR A15 ME (5)) | AL | EXANDER | R S. POPE | 261 | | Ave | SE Was | sh DC | 4 | MAK | 12 | 1200 | June | Part I | | diemen | 3 |

| | | | | | STATE OF MA | | | | |
|--|---------------|---|---|--|-------------------------|-------------------------|--|---|--|
| 0938 | 1. | FOR STATE REGISTRAR | | DEPARTI | CERTIFICATE | | REG. NO | 0 8 | 7 1 1 |
| ooth 3 | | | AMES | E. | RISH | EL | 20 DATE OF DEATH | 03-15-86 | 12:45 |
| fter do | 3 SE | Male | 4. RACE | casian | 5 DATE OF BIRTH Feb. 22 | AY 1919 | 6 AGE (IN YEARS LAST BIRTH | MONTHS DA | |
| II OK | | RTHPLACE (STATE OR FORI | | OF WHAT COUNTRY? | 8 MARRIED NE WIDOWED | | 9 BALTIMORE CITY OR | COUNTY OF DEATH | NTY |
| 24 | 10 C | ITY OR TOWN OF DEATH | PRIN | OF HOSPITAL, NURSIN | G HOME OR OTHER | INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOREMAN | WORKING LIFE) INDUST | DOF BUSINESS OR IRY struction |
| 35 | | AL RESIDENCE (IF NURSING STATE 13 ryland 1 | HOME OR OTHER INSTITUTE COUNTY | 134 CITY OR TOW Greenbel | | DE CITY LIMITS? | 130 STREET ADDRESS / 53-K Rido | ZIP CODE ge Road | 0770 |
| 1/60 | 14. F/ | ATHER'S NAME FIRST Howard | MIDDLE R. | Rishel | | HER'S MAIDEN NA Emma | ME | Qua | LAST ay |
| B) 1/ | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) (| U.S. ARMED FORCE IF YES, GIVE WAR OR DATI | ES) | | | Uppe Uppe | r Marlboro | o, Md Drive |
| 1111 | | 18 CAUSE OF DEATH I | | | d (c | | | | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| no. has been signed by permit. Then plea one prior to buriol. we any injury, or or | CERTIFICATION | PART 2 OTHER SIGNIF | Res | PIPATOR DINDITION FOR WHICH | 1 FAILL | IRE | 200 AUTOPSY? | 206 IF YES, WERE FIN IN CERTIFYING CAUS | NDINGS USED SES OF DEATH? |
| ding physicion. s certificate ho buriol-tronsit pe Mental Hygiene or frem 18 show | | 210 ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU | SE OF DEATH HOU | ME OF INJURY R. A.M. MONTH D. | AY YEAR | W INJURY OCCUR | RED (ENTER NATURE OF INJURY | YES | NO [|
| s the burn and Mer | MEDICAL | 21d INJURY OCCURRED | 21e PL/ | ACE OF INJURY ME STREET, FACTORY, OFFICE, I | 21f. LOC | ATION STREET | CITY OR TOW | N COUNTY | STATE |
| for use of Health | | 220.1 certify that (I) (the saw the deceased abaye, (I) (we) (did | | 3/14 10 | 6 and that in | C, 19 | 2, ta3 death accurred an the dat | | that (II (we) last |
| RAL DIRECTOR RAL DIRECTOR state Dept of H NI: If Item 21 ii | | 176 SICHATURE | Tomsta | end | DEGREE | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICI | 3 | 15/86 |
| TO FUNERAL I should be deto with the State I IMPORTANT: H | - | GERAR | DO M | GARAG | 22e AD | 492 LA | NDOVER | RO LA | JOOVER |
| P | | BURIAL, CREMATION, RE | | · 22 1986 | William | | 23d LOCATION CHYORTOWN Lewis | stown, county | Penna |
| MH - 16 60M 7/84 (VRA 15, 4) | | UNERAL DIRECTOR NAME es-Pearson I | | ADDRESS | | 250. DA | TE REC'D. BY REGISTRAR 2 | | NATURE |

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HERE THE RESIDENCE OF THE PROPERTY OF THE PROP

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| ms 10 | | EASED NAME FIRST | MIDDLE | LAST | | 20 DATE OF DEATH MONTH | DAY YEAR 25 HOUR |
|--|-----------------------|--|--|---|--|--|--|
| 900 | | Marie | | Roemer | | March 6 AGE (IN YEARS LAST BIRTHDAY) | 21 1986 3 45 |
| ctor po | 3. SEX | emale | 4 RACE Caucasian | 5. DATE OF BIRTH | 1891 | 94 YRS | MONTHS BATS HOURS MI |
| 1 Once | 7a 811 | RTHPLACE STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTRY | /? 8 | VER MARRIED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF COUNTY | ITY OF DEATH |
| 3 | 10 CI | inton | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Southern Mary) | ING HOME OR OTHER ET ADDRESS) and Hospit | | 120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING Housewife | GLIFE) 126 KIND OF BUSINESS C |
| 3 | 130 S | ryland Princ | PROTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO Se Georges Ft. Wa | shingtons | | 9211 Cross Be | DDE Rd. 20744 |
| 160 | 14 FA | THER'S NAME Friederich | MIDDLE Krause | | HER'S MAIDEN NA | AME MIDDLE | Kehler |
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| r the | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | inly one cause per line for (a) (b), | | 0 | 1 ~ | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| a u | | gave rise to immediate cause (a), stating the | DUE TO OR AS A CONSEC | LIENCE OF | 1 | | |
| os been signed by the bermit. Then please ren e prior to burial, crem vs any injury, or ather t | FICATION | | CONDITIONS CONTRIBUTING TO | MOR OF | roxic Con | IN CEI | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
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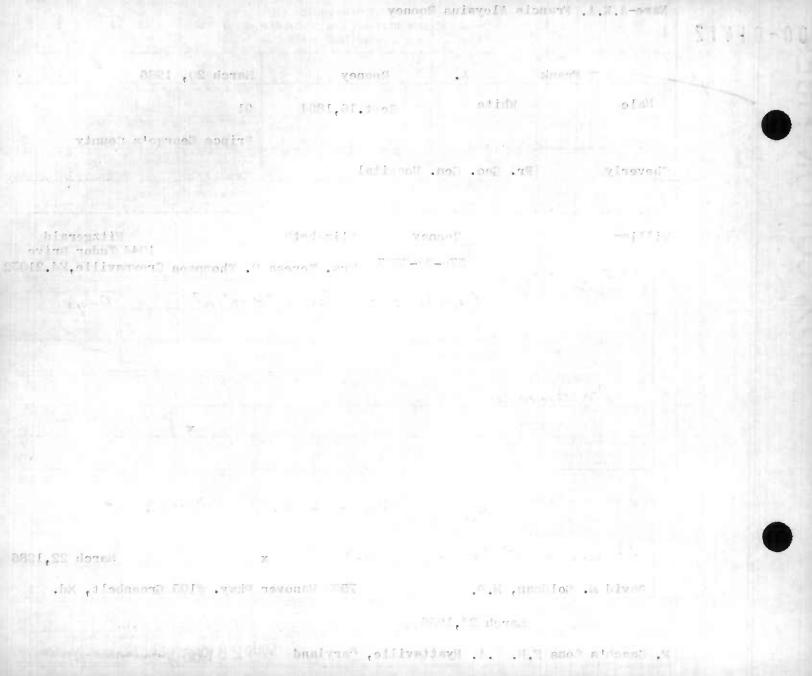
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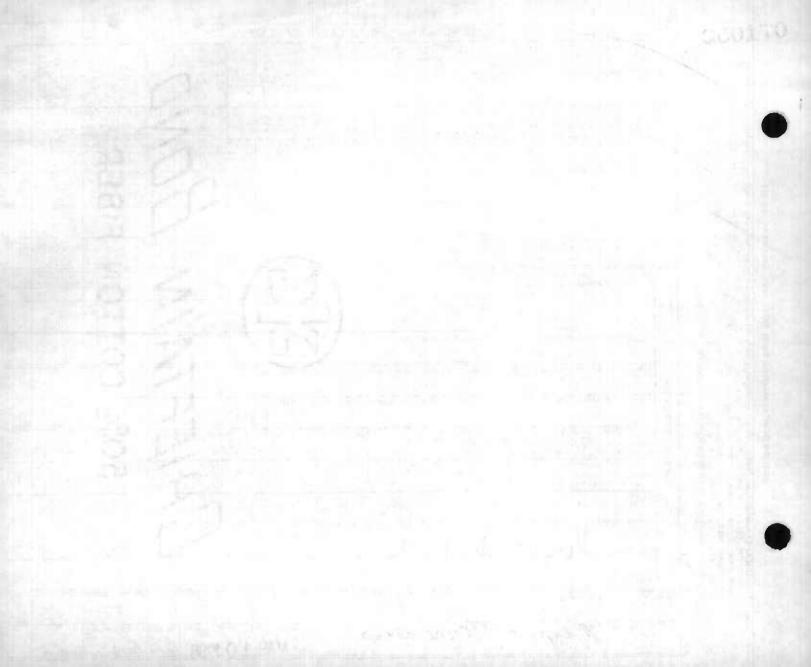
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urial 1/24/86 Feaumeotion Cemetery Olinton F.G. Maryland 6160 (son Hill Rd. George F. Lalas Tuneral Mone (son Hill, Mc. 14)

| 44.5 | 1 | | EASED NAME (IEL) | MIC | 3,00 | LAST | | 26. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
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| - | | 3. SEX | Male | 4 RACE | | 5. DATE OF B | IRTH DAY YEAR | 6 AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DATS | IF UNDER 24 HR |
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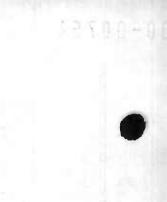
STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 7b. HOUR (TYPE OR PRINT) OF ESTI-Matthew 3-15 19 86 W. Russel AGE (IN YEARS | IF UNDER 1 YR SEX 4 RACE . DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 11:00 LAST BIRTHDAY PRONOUNCED Caucasiah 09-15-63 22 DEAD 19 86 Male 3 - 157b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYL Prince George's County, Maryland U.S.A. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 5100 blk. Suitland Rd.-wooded area Mechanic Construction Suitland USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) W. PRESTON ST., BALTIMORE, MD. 21201 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P. G. 8107 Bellefonte Lane 20735 Maryland Clinton YESX NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST McMillan Russell Dorothy John A. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) N/A 218-92-7654 John P. Russell Same as 13 A-E No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19a DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (head only 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY approx. 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 7:00xx 3-15 1986 subject shot himself 21e PLACE OF INJURY WHILE AT WORK AT WORK wooded area 5100 blk. Suitland Rd., Suitland, Prince 220. I certify that took charge of the remain described above, held on Ly EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFIER DEATH, WITH THE STANDARD ARRYLAND, 2 Autopsy XX Inspection X Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 3-16-86 MD Assistant _MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 03/19/86 Resurrection Cemetery Clinton Burial P.G. Maryland 07/B4 25M Lee Funeral Home, Inc. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OHAH- 17
(VR A)5 ME (56633 Old Alexander Ferry Rd. Clinton Md 20735 1986



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

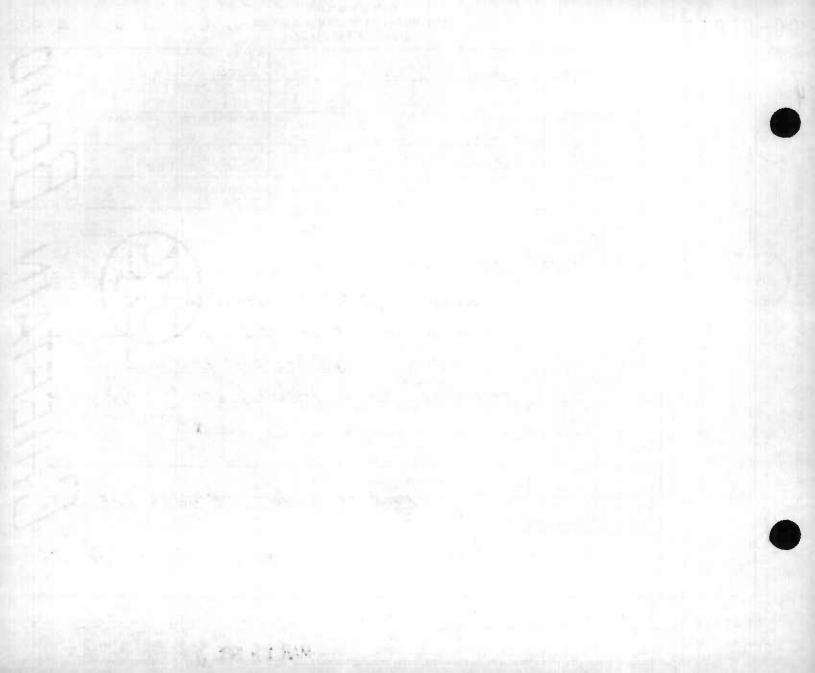
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TO HOSPITAL

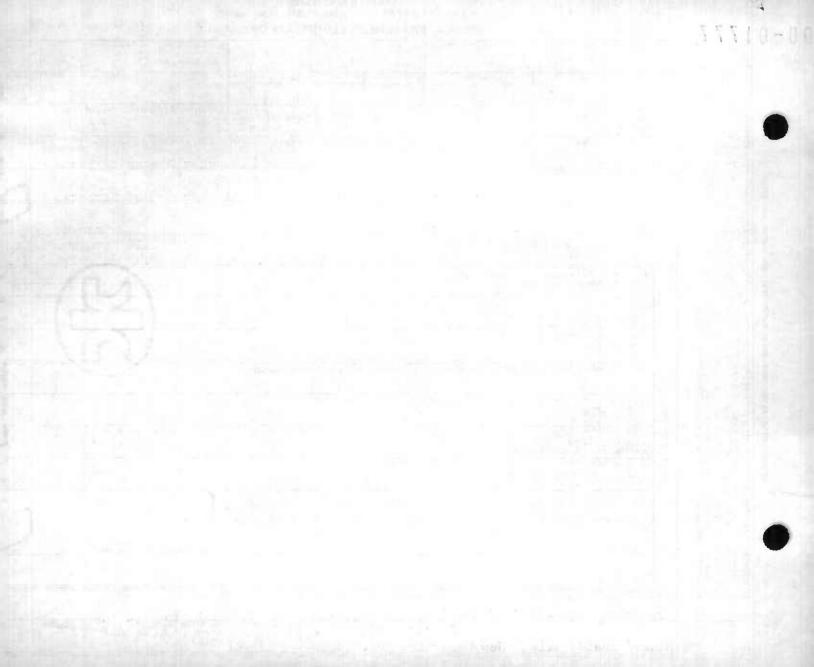
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN OF ESTI-(TYPE OR PRINT) Timothy Schlegel J. 28/19 86 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE DATE OF BIRTH DATE LAST BIRTHOAYS RONOUNCED DEAD 86 AM 23 28/19 Male White 09 60 25YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County. USA WIDOWED DIVORCED Marvland 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, ID CITY OR TOWN OF DEATH OR OTHER INSTITUTION Hyattsville Henrick Community Park Computer Operator Tech. USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 3e STATE 1136 COUNTY Prince Geo. W. Hvattsville YES Maryland NO [2116 Ravenswood Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDOLE Schlege1 Clement Patricia Creegan ADDRESS 2116 Ravenswood 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION 215 84 2893 Clement J. Schlegel W. Hyattsville Md 18 CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Shotgun Wound of Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONGITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PEROR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING BOOK 3/ 27/1986 self inflicted wound CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION CITY OF TOWN WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
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BALTIMORE, MARYLAND, 21201 Henrick Community Park, Hyattsville, Pr. auto in park Inspection XX Md. 220. I certify that I took charge of the remains described above, held an and in my apinian X Natural causes Undetermined manner death resulted from: TITLE (SPECIFY) DATE 3/28/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME R. Kauffman, M.D. Gregory Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 04/01/86 Cremation Lee's Crematory 07/84 24 FUNERAL DIRECTOR ADDRESS Silver Spring, Md. **DHMH - 17** 20904 (VR A15 ME (5)) Hines/Rinaldi 11800 New Hampshire Ave.



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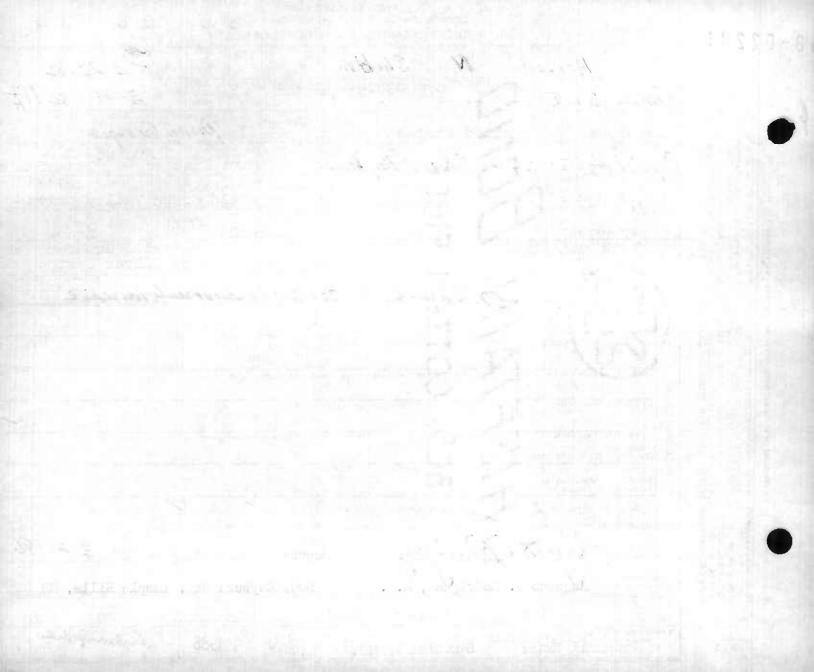
Grand day show

14 FUNERAL DIRECTOR FRANCIS J. COLLINS JORE JR.

500 UNIVERSITY BLVD, WEST SILVER SPRING

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED June 1905 DEAD **BALTIMORE CITY OR COUNTY** MARRIED NEVER MARRIED FOREIGN COUNTRYS United States Minnesota WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR CITHER INSTITUTION TIST OR INDUSTRY Suitland PGBd of Teacher Edu SUAL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION GO 20746 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland PR George Suitland 2426 Green Valley Drive 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Gertrude Lane Newberry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADD 9 125 Bradford Rd (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Anne Lane Sheldon Silver Spring Md No CAUSE OF DEATH (Enter only one cause perfune for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DITE TO OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO I NA 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22e I certify that I taak charge of the remains described above, held an Autopsy and in my apinion death resulted fram. Hamicide Undetermined manner TITLE (SPECIFY) DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P ADDRES 5009 Rayburn Ct . Temple Hills. MD Rodriguez. M.D. AFT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Cedar HILL Cemetery Suitland 25Mar1986 PG Md 07/84 E Wilhelmoress Suitland, Md. 750. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNAPUREL ... 25M **DHMH - 17** ha Devidsor-Funeral Home (VR A15 ME (5))



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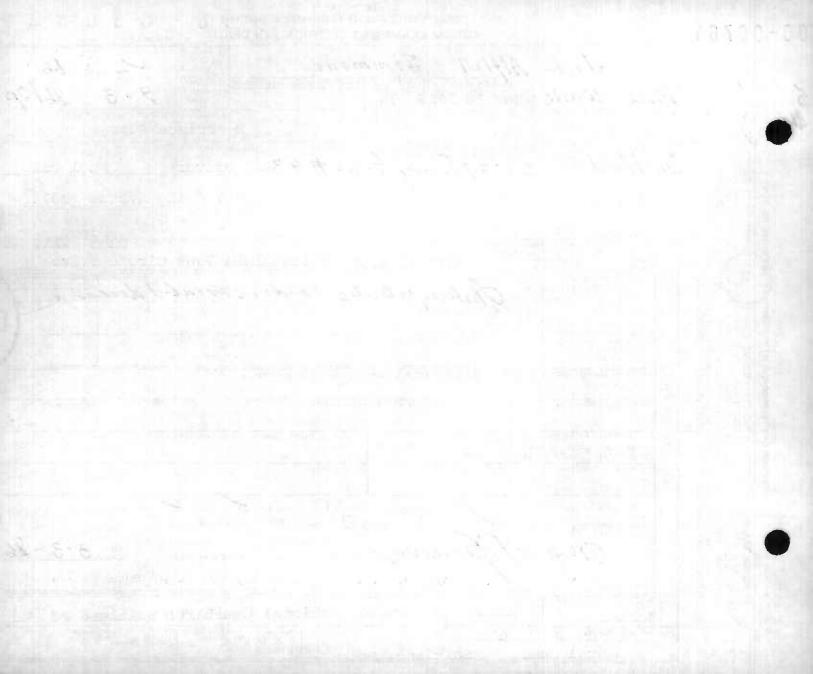
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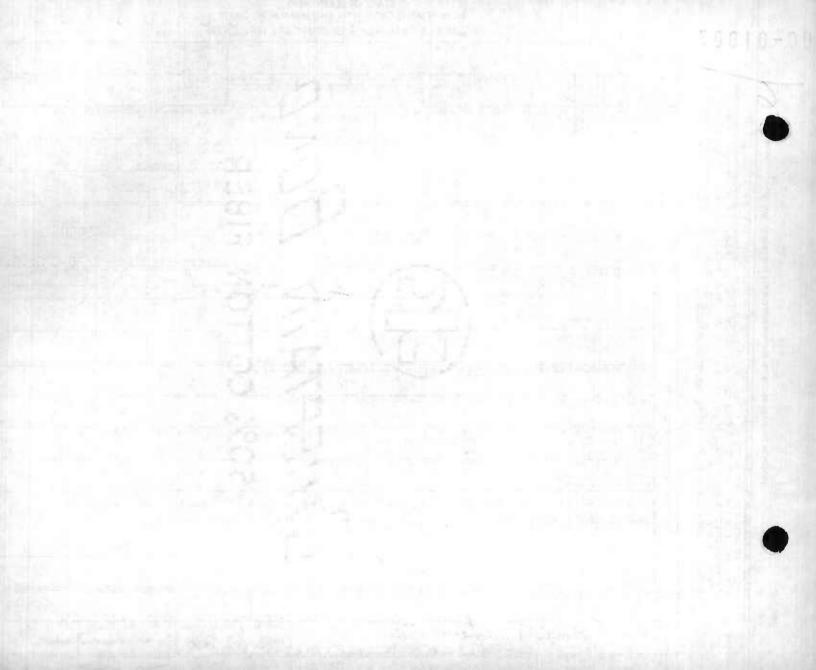
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR 00-00764 1 - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 7b HOUR (TYPE OR PRINT) ESTI-Mar 1mmons DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7 QRS PRONOUNCED Nov 18 191 LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Prince George USA DIVORCED X WIDOWED DEITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Driver Fuel Oil 13e STREET ADDRESS Pr George Suitland 2527 Ewing Avenue Maryland 20746 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Oliver Kemp Jane Posev 17. INFORMANT Oxon Hill, Md 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) Alice Dixon 7308 Circle Drive 4790 WWII Yes 18 CAUSE OF DEATH (Enter only one cause per Jife far (a), (b), and (c).) PART I DEATH WAS CAUSED BY selection cardes vosculos DUE TO OR AS A COMSEQUENCE O Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURI YES 🔲 NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) JOULD ! HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my pointon Natural causes Accident Suicide Hamicide Undetermined manner MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME Augusto P. Rodniguez, 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 6Mar1986 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Washington National Cemetery Suitland PG Md 07/84 25M 24 FUNERAL DIRECTOR E Wilhelm 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Davidson-Mange (VR A15 ME (5)) Funeral Home Suitland



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| | ō | PAR PAR | 2 | 21d INJURY O | | | 44 p.m. 3/ | | | CATION | t shot | c aur | ing | arte. | rcati | on | | |
| | Ž | DED SE | WEI | MAGAIN E | | STI | REET, FACTORY, FARM, | | | STREET | 56 | | CITY OR TO | , | | COUNTY | | STATE |
| | 0 | WR WAR VAR | | AT WORK | AT WORK | 9 | home | | 624 | Clon | is Ave | e., C | apit | al H | ghts. | , Pr | . Geo | .,Md. |
| | | ATE, DRV | | 22a. I certif | y that I taak charg | e of the rem | ains described ob | ove, held on | Autop | sy X | Inspection | | Inquiry | | and in my | apinion | | |
| | | NOT BEEN | | deoth resulte | d fram: Natur | ol causes | Accident | D/ Su | iicide | Homi | cide XX | | rmined m | gnner [| ٦. ΄ | | | |
| | | FIRE OF BUILD BUIL | | | | | 1 | 1 | | | SPECIFY) | | | | | | | |
| | | S S S S S S S S S S S S S S S S S S S | | ACTUAL SIGNATURE | | | X | | / | | istan | | CALEVA | | DA | TE SNED | 3/28 | /86 |
| | | ZERETE | | SKUNATURE | | | 1 | 11 | - | - | 20 (2017) | MED! | CALEXA | MINER | SIG | NED | | |
| | | SE S | - | EXAMINER'S N | NAME Gre | gory 1 | R. Kauff | man. M | D | ADDRESS_ | 7. | 11 Pe | enn S | + | | | | |
| | | TO MEDICAL EXAMINER: T SECULIF THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 | 23a B | | ION-REMOVAL 2 | | | NAME OF CE | | | OPY | | CATION | | | | | |
| | | | - (5 | PEC IFY) | | | 8 | | | | | CITYC | RTOWN | | | YTAUO | SI | ATE |
| | 07/84 25M | BP | | Burial UNERAL DIRECT | TOR C | Apr | 14/1986 | Nort | neast | Pine | View 25a. DATE R | Ceme | REGISTE | ROC | KY MO | SSIGNAT | N.C. | |
| | | DHMH - 17 | - 13 | NAME | JEM. | 1. | 600 herror | SCIII . | | | MAF | | 1986 | 1 1 . | is De | | | 0 |
| | | (VR A15 ME (5)) | LSt | ewart 1 | pheral H | lome-4 | 001 Benn | ing Roa | A, be | E | 7717-41 | 101 | 1300 | 1 | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-0044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 03 31 104 81YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Prince Georges Maryland WIDOWED X DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 17% KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Clinton Homemaker Domestic USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE MEFORE ADMISS COUNTY CITY OR TOWN 13d INSIDE CHY LIMITS? 130 STREET ADDRESS ROUTE 1 Brandywine Box 203 20613 Maryland Prince 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGES 1, //TH FORM PM PAGES 1 AND 2 MIDDLE MIDDLE John Tolson Mary Coleman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 18021 Torsehead Rd. (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 212 26 0023 David Simms No n/a Brandywine, Md. 20613 IR CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c),) PART I DEATH WAS CAUSED BY orling the candiduas weld see and IMMEDIATE CAUSE (o) MENTAL HYGIEN Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4I CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.I. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted fram: Undetermined monner Natural causes Homicide TITLE (SPECIFY) Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct . Temple Hills, MD 238.BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Thomas Episcopall Croom, P. G. Maryla
[256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 07/84 Burial 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

| | CEARED NAME FIRST | , | MIDDLE | | A\$1 | 20 DATE OF DEATH | MONTH D | AY YEAR | 2b. HOUR |
|---------------|---|----------------------|--------------------------------------|------------|---------------------------------|----------------------------|-----------------|---------------------|----------------------------------|
| | John | | W . | S | isson, Sr. | March 3, | 1986 | | 2:45P.M |
| 1. 58 | Х | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | FUNDER TYEAR | IF UNDER 24 HRS |
| 1 | Male | Whi | te | Marc | h 26, 1910 | 75 | YRS. | DATE | MOURS MIN. |
| ₹a B | IRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | |
| M | aryland | U.S.A. | | WIDOWE | | Prince Ge | orge's | Count | MD. |
| Ma.c | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12g USUAL OCCUPATI | | | F BUSINESS OR |
| G | reenbelt | | anover Pl | | Apt-101 | Tool Maker | | | Governme |
| | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | 7ID CODE | 2077 | 0 |
| | Maryland P. | _ | Greenbe | | YES NO | 7800 Hano | | wy. An | t-101 |
| - | ATHER'S NAME | | | | 15. MOTHER'S MAIDEN NAM | ME | | | |
| P | Louis | F. | Sisson | | Rosetta | MIDDLE | | Alli | son |
| 16a \ | WAS DECEASED EVER IN U.S. AR | | 166 SOCIAL SECU | RITYNO | 17 INFORMANT | ADDRE | 7800 H | lanover | Pkwy. #1 |
| N | YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | 220-26-6 | 217 | Margaret Sis | son (Wife) | Greenb | elt. M | ld. 20770 |
| F | II CAUSE OF DEATH (Enter or | nly ane cause per | line for (a), (b), and | die: | | - | | APPROX | MATE INTERVAL ONSET AND DEATH |
| 15 | PART I. DEATH WAS CAUSE | Ď BY TE CAUSE (0) | Pancoca | hho | Chunar | - | | mor | 77 - |
| | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | S.FE | | |
| | Canditions, if ony, which | (b)_ | | | | | | | |
| | gave rise to immediate cause (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| | underlying cause last | ((c) | | 37.3 | | | | | |
| - | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | ONTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 1 | a |
| CERTIFICATION | | | | 1.00 | | | | | |
| 1 5 | 190 DATE OF OPERATION | 196. CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 28a AUTOPSY? | | WERE FINDING CAUSES | |
| 1 | | | | | | YES NO | YES | | NO 🗆 |
| | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | FINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUI | Y IN ITEM IB PA | RT OR PART 2) | |
| CA | (IF EITHER NOTIFY MEDICAL EXAMINE | P. | M. | 19 | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE | OF INJURY REET FACTORY, OFFICE FI | ARM, ETC) | 211 LOCATION STREET | CITY OF TO | WN | COUNTY | STATE |
| | RK NOT WHILE | | | + | X2 | 11/2 | | 01 | 0 |
| | 220.1 certify tha (1) this have | | e deceased from | 1 | 100,19 | | | 900 | that (we) last |
| | saw the deceased of E an abave (II) we) (did) (sid no 27b SIGNATURE | view the body | | | nd that in (my) (aur) opinion o | death occurred on the do | te and have | | |
| | 110 SIGN TORE | | 1) | | DEGREE ATTENDING | MEDICAL STAF | F | 22c. DATE | |
| - | LVA | | | | | DIRECTOR PHYSIC | | March | 4,1986 |

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE 3/6/86 Burial

Peter M. Schissler, M.D.

231 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Brentwood

234 LOCATION

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

Maryland una Laurdon-Mandalle

OAO Bldg. Greenway Ctr. Dr. Greenbelt, Md.

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| | | 11m G614 item 16 | | | F MARYLAND | este (A) | 0 0 0 | 77 |
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| 01476 | 1 | STATE 4/11/86 rg | ja DEPAKI | | LTH AND MENTAL HYGI ATE OF DEATH | REG. NO | U 8 7 | 3 / |
| 200 | | GEASED NAME - FIRST | WIDDIE | LAST | | 20. DATE OF DEATH | MONIH DAY YEAR | 26 HOUR |
| 1 SHAT | | Lours | | Ska | -995 | _ | 3/22/86 | 1:35 PM |
| | 1.55 | Female | White | 5 DATE OF E | DAY SEAR | AGE (IN YEARS LAST BIRT | MONTHS DAYS | HOURS MIN |
| 10 di | 7a. B | IRTHPLACE (STATE OF FOREIGN | TO CITIZEN OF WHAT COUNTRY? | MARRIED (| NEVER MARRIED | BALTIMORE CITY O | R COUNTY OF DEATH | Country |
| | | laryland | U.S.A. | WIDOWED [| DIVORCED [| PRINCE | GEORGE'S | COUNTY |
| 5 1 17 74 | 10 0 | CHEVERLY | ME OF HOSPITAL, NURSIN HOLLIN SUCH FACILITY, GIVE STREET Geo. Gen. I | ADDRESS) | | 170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF HOUSEWIFE | F WORKING LIFE) INDUSTRY | Home |
| 1 1 1 | USU | AL RESIDENCE (IF NURSING HOME | THER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) | | 13e STREET ADDRESS / | 7 7 ID CODE | |
| 3 4 11 15 | Ma | ryland P.G. | | lle | ES NO | 2609 Nicho | lson Street | 20782 |
| E 10 1 10 10 10 10 10 10 10 10 10 10 10 1 | | ATHER'S NAME | AIDDLE LAST | 15 | MOTHER'S MAIDEN NAM | E WIDDIE | | |
| eased and and and and and and and and and an | Wi | lliam | Sweeney | | Elizabeth | | The | |
| | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECU | | INFORMANT | | ss 12712 Buc | 0 |
| Sell Sell | Ye | | cetime 212-66- | 9755 | Mr. William 1 | E. Sweeney | Bowie, Md. | 20715 |
| RALTH COST OF THE PARTY OF THE | | CAUSE OF DEATH Enter onl | y ane couse per line for fai (b), an | dic | | | APPRO. 8ETWEEN | XIMATE INTERVAL |
| | | PART I. DEATH WAS CAUSED IMMEDIATE | CAUSE (a) | Subar | rachaoid | Hemorr | hage 36 | hours |
| S P (M) | | | DUE TO, OR AS A CONSEQUE | ENCE OF Q | nd Respire | atory ar | rest | |
| | | Canditians, if any, which | (b) | | | | | 4.7 |
| 1 1 1 1 | | gave rise to immediate couse (a), stoting the | DUE TO, OR AS A CONSEQUE | ENCE OF | | | | |
| N N O N N N N N N N N N N N N N N N N N | | underlying couse last. | (c) | | | | | |
| Ber application of the party of the boundary. | Z Z | PART 2 OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO I | DEATH BUT NO | OT RELATED TO THE TERMIN | NAL DISEASE OR CON | DITION GIVEN IN PART 1 | 10 |
| 87 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION V | VAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIND | |
| Exa Exa | E | DUALITY | | | | YES NO | IN CERTIFYING CAUSE | S OF DEATH? |
| A THE SEE AS | 1000 | 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 216. TIME OF INJURY HOUR A.M. MONTH DA | AY YEAR | It HOW INJURY OCCURRE | D (ENTER NATURE OF INJUR | RY IN ITEM 18 PART I OR PART 2) | |
| ON SO | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | 19 | H LOCATION | | | |
| Section of the sectio | ME | NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE F | | STREET | CITY OR TO | wn County | STATE |
| - 00 M 10 E | | 27a 1 certify that (1) (this haspite | 2 1 4 | 3-21 | 19.86 | 103-22 | 19.86 | , that (I) (we) last |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | sow the deceased alive on obove, (1) (we) (did) (did not | view the body ofter deoth. | | hot in (my) (our) apinian de | eoth accurred on the do | | |
| AL DIRI | | 22b. SIGNATURE | teal 1 | DEC DEC | ATTENDING PHYSICIAN | MEDICAL STAF | F 2/2 | 2/86 |
| E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 774. PHYSICIAN'S NAME (TYPE OR | PRINT) | 2: | e ADDRESS PRINCE | | | HOSPITAL |
| OF OF SHAPE | | ROBERT F. | KOPEL, MO | | HOSPITALT | DRIVE , C | HEVERLY, | mp |
| 51 2213 | 230 | BURIAL, CREMATION, REMOVAL | | | ETERY OR CREMATORY | 23d LOCATION | | |
| BP | | Burial | March26,1986 F | t. Line | oln Cemetery | Brentwood | P.G. | Maryland |
| DHMH - 16 60M 7/84 | | UNERAL DIRECTOR | ADOPESE | | 25a DATE | | 256 REGISTRAR'S SIGNA | TURE |
| (VRA 15, 4) | F. | Gasch's Sons F. | H. P.A. Hyattsv. | ille, M | aryland MAF | 261986 | while Davidson A | andelle |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 00-0208 REG NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-Arlington Sleeper Don DEATH MATED 1819 86 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS SEX 5 DATE OF BIRTH 2c. DATE 2d HOUR ST BIRTHDAY PRONOUNCED 11:38 Male CaucasianOct. 13, 1938 DEAD 19 19 86 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS North Dakota USA WIDOWED DIVORCED Prince George's County, 10. CITY OR TOWN OF DEATH ASS TOWAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS S OR INDUSTRY TOSS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2906 Belair Drive Bowie Director of First Aid Nat'l Red ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 13e STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Prince Georges 2906 Belair Drive 20715 Bowie YES IXIX NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Charles H. Sleeper Irene Lindland A. MAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 367 Prewortheast Surt Ct. 17 INFORMANT IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 542-44-1199 Lincoln City, Oregon Vietnam ves LaVaughn Rannow 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 714 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2 K 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Natural causes X Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3/20/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NA Ann M. Dixon, M.D. 111 Penn St. Balto.MD (TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1986 Arlington National Cem. Arlington, Virginia Burial 07/B4 BP 25M 250 PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1,6000 Annapolis Road **DHMH - 17** (VR A15 ME (5)) Beall. Funeral Home Bowie, Maryland

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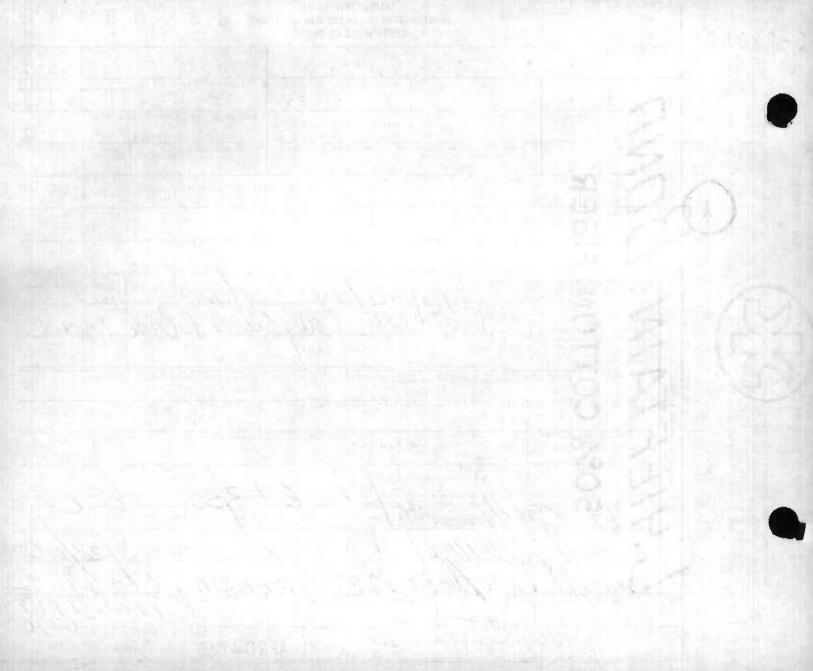
(VRA 15, 4)

| | DR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 haurs after death. Page 4 may | DIRECTOR After the central and been ugned by the offending physician and completely filled in by the funeral director, page |
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| | L OR ATTENDING PHYSICIAN: The Internating physician. | 0 |
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| 6 | 1 - | FOR STATE REGISTRAR | DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 6 | 0 8 | 9 4 1 |
|----|---------------|--|--|--|--|---|---------------------------------------|
| 0 | | CEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MO | ONTH DAY YEAR | 2b HOUR |
| 7 | | HOWAR | | ITH | MARCH 7 | 1985 | 11:55A _M |
| 1 | 3. SE | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE IN YEARS LAST BIRTHD | MONTHS DATE | HOURS MIN. |
| | | Male | White 1 | pril 24, 1910 | 75 | YRS | |
| 1 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED T NEVER MARRIED | 9 BALTIMORE CITY OR | | |
| 2 | | est Virginia | W.S.A. | WIDOWED DIVORCED | | George's | MD |
| 3 | | TY OR TOWN OF DEATH Lanham | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A DOCTORS HOSPITA | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Purchaser | | Georges |
| 5 | 130 5 | AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT HERE S NAME FIRST | ROTHER INSTITUTION GIVE RESIDENCE BEFORE | ADMISSION) N 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / Z 9207 Lanh | am Severn | 801 |
| aC | | James | | ith Bernic | | | hman |
| 1 | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) {IF YES, GI | RMED FORCES? VE WAR OR DATES) 233-20- | | 9207 Lai | nham Seve nham. Md | 20706 |
| | rion | PART L DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse lo, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | NCE OF US Profeseath BUT NOT RELATED TO THE TERM | | TION GIVEN IN PART 1 | 15 |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | Ob. IF YES, WERE FIND IN CERTIFYING CAUSE YES | |
| 7 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DA | Y YEAR | RED (ENTER NATURE OF INJURY II | NITEM 18 PART I OR PART 2) | |
| | MEDICAL | 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | 1 | 22a I certify that (I) (this hosp saw the deceased alive or | ital) attended the deceased from 3/2/19 5 | 2 2 4, 19 46 6 and that in (my) (our) opinion | to 3 | ond hour and from the | that (I) (we) last e causes stated |
| | | 226 SIGNATURE | ishidle | | MEDICAL STAFF DIRECTOR PHYSICIA | | E SIGNED |
| / | | JASWINZ | 12.00 | 22e ADDRESS | | | |
| | 23a. E | BURIAL, CREMATION, REMOVAL SPECIFY BURIAL | - | AME OF CEMETERY OR CREMATORY Ft. Lincoln Cem | 23d LOCATION CITY OF TOWN Brentwoo | od, 'P'G. | , Mä. |
| 84 | 24 F0 R€ | INERAL DIRECTOR La | nham Funeral | Home 250 DAT | BEED, BY REGISTRAR 251 | REGISTRAR'S SIGNA | |
| | 9.0 | 113 Annapolis | Rd. Lanham, | MO. 20/06 | | U | • |

| 6 | 1. | FOR - STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYO | REG. NO. | 0 8 | 9 4 6 |
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| 0 | I DE | CEASED NAME FIRST | - | MIDDLE | l | AST | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| | JTYP | MeLV | iN | 0 | Sm | ith | 3/30/86 | | 0250 |
| | 3 SE | X | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | |
| | | M | Blac | ck | 3 | 8 32 | 52 YRS | MONTHS DAYS | HOURS MIN |
| dr. | | IRTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF | WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |
| 83 | 1 | Virginia | USA | | WIDOWE | | D.: | | |
| 0 | 10 C | ITY OR TOWN OF DEATH | | HOSPITAL NURSIN | | OR OTHER INSTITUTION | Prince Georg | | OF BUSINESS OR |
| 2/ | | | | ICH FACILITY, GIVE STREET | | | (TYPE OF WORK FOR MOST OF WORKING | | |
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| - | 13a. | AL RESIDENCE (IF NURSING HOME O | | 136 CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CO | DE O | ハーノノウ |
| CC. | Ma | ryland P.O | | Fairmont | | | 1000_58th_Ave | 00 | 145 |
| A | | ATHER'S NAME | | TTUTTION | HULL | 15. MOTHER'S MAIDEN NA | | nue | |
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| dic / | | WAS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | |
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| to. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | D BY. | Time Is a long | 1111 | I Leura L | Fairmont | He 1 ghts | OME AND DEATH |
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| 50 | | Conditions, if ony, which | (d) | Welles | ad 1 | C 4449 | HUCE IONA | 04 7 9 | 40ellas |
| rtr | | gave rise to immediate cause (a), stating the | 3 | 0 | | N | ~ | | |
| othe | | underlying cause last. | DUE 10, C | DR AS A CONSEQUE | NCE OF | 1/ | | | |
| Jury, a | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CONDITION G | IVEN IN PART 1 | ra |
| e A | ATIO | 19a DATE OF OPERATION | 19h CONT | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDS | INGS LISED |
| | CERTIFICAT | | | | | The second of th | IN CER | TIFYING CAUSES | S OF DEATH? |
| | E | | | 10.00 | | | | YES [| NO 🗌 |
| 2 | Ö | 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | | DF INJURY L.M. MONTH DA | Y YEAR | THE HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM I | PART I OR PART 2) | |
| le la | S | IF EITHER, NOTIFY MEDICAL EXAMINE | M 1111 | P.M. | 19 | N DA. 1884 AND A | | | |
| 6 | MEDICAL | 214 INJURY OCCURRED | 1214 PLACE | OE INJURY | | 21 LOCATION | 1 | 1374 | |
| | E | white [] will wrote [] | HOME S | TREE FACTORY, OFFICE FA | RM ETC) | STREET | FITY OR TOWN | COUNTY | STATE |
| | | ALWORL - | | / | 10/ | 120 00 | 12/20 | 45 | |
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| | | obove highlight did | Tolly the had | ofter death. | De an | d that w (my) (obr) apinion | death accorred on the date and hi | our and fram the | causes stated |
| | 13 | 12h SIGNATURE | 1/1 | e Alvinación | | DEGREE | | 22c. DATE | SIGNED |
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| | St | ewart Fineral H | Iome 4400 | 1 Benning | Road | N.E. A | 10 4 1986 July | wildon - N | or forman |

STATE OF MARYLAND



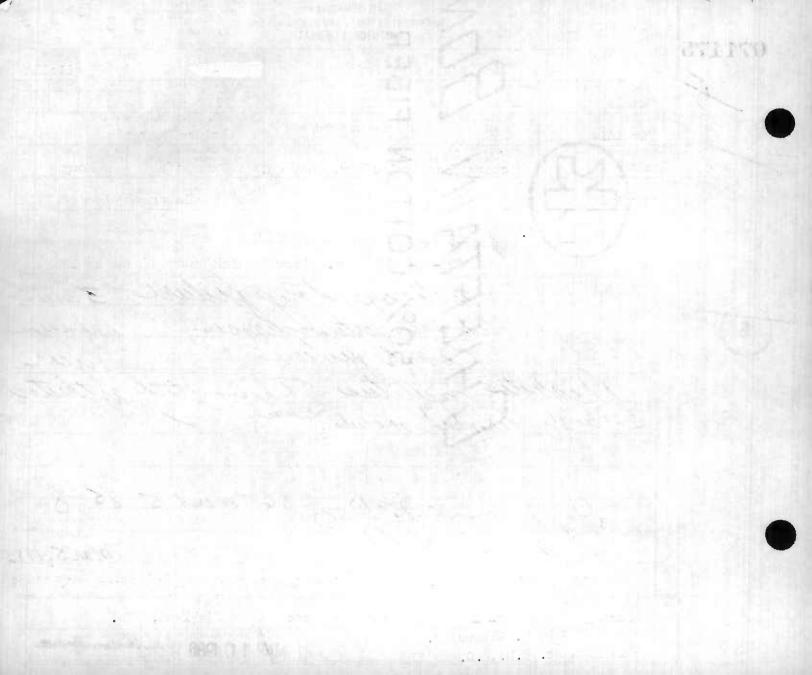
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | 6 | | r fro |
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| | HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the depart conficore be executed within 24 hours offgr death. Page 4 mc | FUNERAL DIRECTOR: After this certificate has been signed by the state of physician research that is a state of the buriol-transit permit. Then pleas in the companyers. Page 18 in a state of the buriol-transfer to buriol. | PORTANT: If them 21 is marked or them 18 shows any injury, an other traumatic event, the middle of t |
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CERTIFICATION

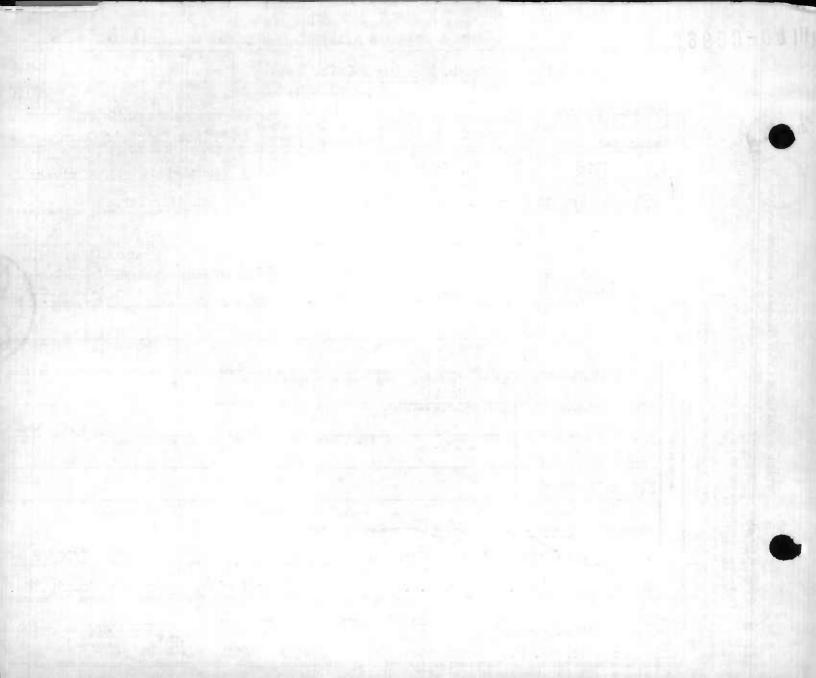
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH FIRST 26 HOUR Rose Elizabeth Smith 1986 11:15A MARCH 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR SEX 6 AGE (IN YEARS LAST BIRTHDAY) 08 28 Female. Black 77 BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia Prince George's USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors' Hospital of Pr. Geo. Co Housewife None 30 STATE 3303 Delaware Avenue Virginia Richmond YES X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Carter L. Bray ADDRESS was deceased ever in U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) 223-01-2205 Mr. Richard Smith/husband/same as 13e 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost PART 2. OTHE JF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC.) STATE NOT WHILE WHILE 220.1 certify that (1) this hospital murch 5 and that in (my) pur) opinion death occurred on the date and hour and from the causes stated GREE 22c. DATE SIGNED ATTENDING . MEDIEAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS Ronald P. Hairston, M.D. 6910 Columbia Park Rd., Landover, Md. 20785 230 BURIAL, CREMATION, REMOVAL 73h. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Burial Ashland, VINUO VI Nazarene Church 3-8-86

24 FUNERAL DIRECTOR John T. Rhines Co. DHMH - 16 60M 7784 3015 12th St. N.E. D.C. 20017 (VRA 15, 4)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson Randalle



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| UU | -0096 | - N | REGISTRAR | FIR | - | MED | | EXAMIN | IER'S C | ERTIFIC | ATE OF | | REG. | | 0 / | 7 | _ 7 |
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| | SEE SEE | | | | ella | | L. | 1 | | mith | | | | □ 3/ | | 86 | A |
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| ALI | AND | | No | | | | 409 | -36-82 | 14 | Floyd | Smit | h/hush | and/150 | O Jer | nifer | St | |
| - 2 | N N N N N N N N N N N N N N N N N N N | | 18. CAUSE OF | DEATH (Ent | er only one | cause per line f | | | | | | | | | APPRO | XIMATE IP | NTERVAL |
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| <u>a.</u> | VITH VITH NER SAN TAL | | gave rise | i, if any, v | diate / | (p) | | | | | | | | | | | 350 |
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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. | BE EXECTION OF THE PROPERTY OF | 7 | PART 2 DIHER SIG | NIFICANT CONDI | TIDNS CONTRIB | UTING TO DEATH BE | | ATED TO THE TERM | AINAL DISEASI | OR CONDITION G | GIVEN IN PART | T to | | | | | |
| PECC | | CERTIFICATION | 19a. DATE OF | OBERATION | | | None | | | AS PERFORM | FD: | | | | | | |
| 7 | SHOULE / PECHIEF | NA N | | | | 196. CONDITI | ON FOR | WHICH OPEN | KATION W | AS PERFORM | EU? | | | | 20 AUT | | |
| 5 | | E | NC 21a EXTERNAL | CAUSEWA | S | 21b. TIME OF | IN II IDY | | T 21c H | OW/INTILIBY O | CCHIDDED | - CAUTED ALATUDE | OF INJURY IN ITEM | 15.0.07.1.004 | | | NO X |
| Ö | THE WOLD B | - | UNDERLYING | OR | | HOUR A.M. | | | R Zit. III | | | (ENIER NATURE | OF INJURY IN HEM | 18 PART I OR P | PART 2) | | |
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| N | RETINE ROEF ROEF ROEF ROEF ROEF ROEF ROEF ROE | ME | WHILE AT WORK | NOT WHILE | | STREET, FACTO | | | | TREET | | CITY | ORTOWN | C | OUNTY | | STATE |
| | E, WRIT RWARDI PAGE STATE P, 21201 | | AT WORK | AT WORK | | | | | | | | | (TV) | | | | |
| | MAN SHA | | | | | e remoins desc | | | Autop | | Inspection | L, Inc | Jury X, | ond in my o | pinion | | |
| | RYLA RYLA | | death resulte | d fram: | Noteral gave | ses [X], | Accident | 1 | gicide 🔲 | , Hamicid | | Undetermini | ed manner | | | | |
| | A STORES | | ACTUAL | 1 | 66 | 1 | 11 | (0.25 | - 4 | Deput | + | | | DATE | 3/ | 10/8 | 36 |
| | PDICAL EXAMINE THE CERT SHOULD INTERAL DIRE DEATH, WITH | 1 | SIGNATURE_ | - | | - | | 0 | | | 919 s | medicali | y Road | SIGN | IED | 10/0 | ,0 |
| | MONE REAL | | EXAMINER'S N | IAME T) | John S | . Roge | rs, I | M.D. | | ADDRESS S | | | g, Mont | gomer | y Cour | nty. | Md |
| | 524544 _ | 23a B | URIAL, CREMAT | | | | | | | R CREMATOR | | 23d. LOCATI | | | | | |
| 07/84 | BP | Bur | ial | | 3-1 | 4-86 | | | | en Ceme | | CITY OF TOV | /N | | UNTY | STAT | |
| 25M | DHMH - 17 | 24. FI | JNERAL DIRECT | or Man | shall | 's Fune | ral | Home | | | a. DATE RE | | VER SPR | GISTRAR'S | MONTGO | MER | Y ME |
| | (VR A15 ME (5)) | 42 | 17 9th | St. | , N. W | I., Was | shing | gton, I | C | MAR | 44 | 1986 | relia Devi | 1001-17° | Minimum and | 1 | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

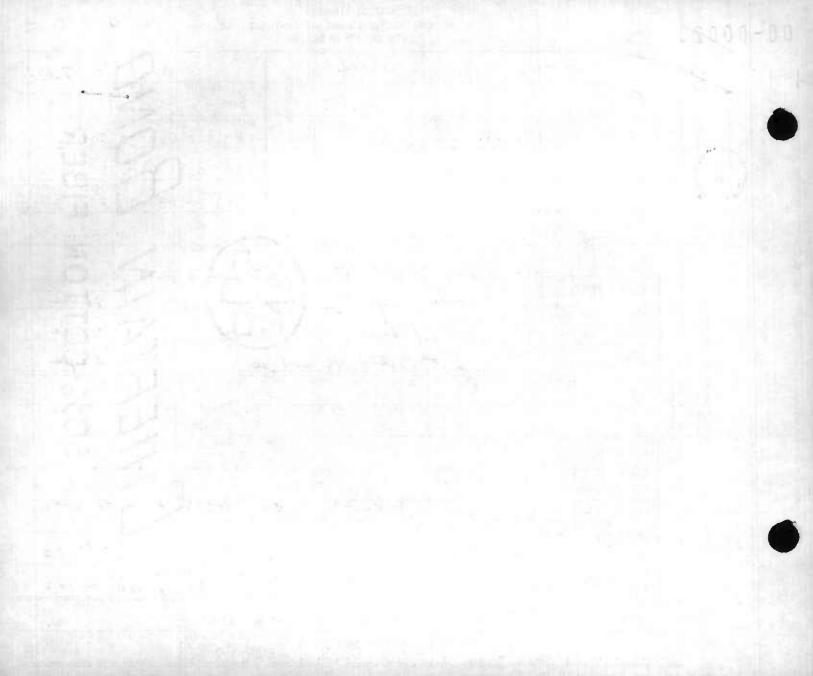
CERTIFICATE OF DEATH

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| M. Sheet RACE | ond ator s Av |
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| White Aug. 19, 1925 60 785 CANS AUG. 10, 1925 60 785 CANS CANS COUNTY OF DEATH U.S.A. NEVER MARRIED DIVORCED Prince George Co. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ENOUN SUCH FACILITY GIVE STREET ADDRESS) Personnel Dir, Diam 125 LAL RESIDENCE (IN NUBSING HOME OR OTHER INSTITUTION CITY ENGINEER ADDRESS) NO 15 COUNTY OF DEATH 15 MOTHER SAME ADDRESS / VES ON OTHER INSTITUTION CITY ENGINEER ADDRESS / VES ON OTHER INSTITUTION CITY ENGINEER ADDRESS / VES ON OTHER INSTITUTION CITY ENGINEER ADDRESS / VES ON OTHER SAME ADDRESS / VES OTHER | ond vator s Av |
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| Silverspring (IENOLLY SUCH FACILITY CIVE SIRRET ADDRESS) HOLY Cross Hospital Personnel Din Diam LISTAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ILLY COUNTY ILLY STREET ADDRESS / ZIP CODE 516 Prince Charle ILLAST FIRST MIDDLE LAST ILLAST Edward O'Connor Amelia Lars ILLY S, NO OR JUNKNOWN ILLY S, GIVE WAR OR DATES) ILLY S, OOR JUNKNOWN ILLY S, GIVE WAR OR DATES) ILLY S, OOR JUNKNOWN ILLY S, GIVE WAR OR DATES) OAB-12-4701 William Sneed III same as 13 APPROVED APPROVED APPROVED Conditions, if ony, which gove rise to immediate couse for immediate couse in immediate couse in immediate couse in immediate couse in immediate and immediate couse in | ond ator s Av |
| Md A.A. CO. Odenton YES NOW 516 Prince Charle ALAST SMOTHER'S MAIDEN NAME FIRST MODE LAST SMOTHER'S MAIDEN NAME FIRST MODE LAST LAST Edward O'Connor Amelia Lars I6a WAS DECEASED EVER IN U.S. ARMED FORCES? I6b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) O48-12-4701 William Sneed III same as 13 APPROVE BETWEEN D DUE TO, OR AS A CONSEQUENCE OF | on |
| Edward O'Connor Amelia Lars Ide WAS DECEASED EVER IN U.S. ARMED FORCES? Ide. SOCIAL SECURITY NO 17 INFORMANT ADDRESS IT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 175 NO OR UNKNOWN IF YES, GIVE WAR OR DAIES) 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 175 NO OR UNKNOWN IF YES, GIVE WAR OR DAIES 17 INFORMANT ADDRESS 18 INFORMANT ADDRESS ADDRESS 18 INFORMANT ADDRESS ADDR | WATE INTERVA |
| DUE TO, OR AS A CONSEQUENCE Of Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF | MATE INTERVA |
| cause (a), stating the DUETO, OR AS A CONSEQUENCE OF | us |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONMIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 | yo |
| 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDIN IN CERTIFYING CAUSES 21 YES NO YES NO | OF DEATH |
| 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | |
| 216 INJURY OCCURRED 216 INJURY (at home street, factory office, farm etc.) 216 IOCATION STREET CITY OR TOWN COUNTY | STAT |
| saw the deceased alive on the date and hour and from the cabave, (1)/(we) (did) (flid na) view the bady after death. | |
| 222 BIGNATURE 122 BIGNATURE 122 DATES DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT | 186 |
| MILTON KO CH 220 ADDRESS MODILAL PARK DO. 20 | 902 |
| BP 236 BURIAL, CREMATION, REMOVAL 236. DATE 3/14/86 236. NAME OF CEMETERY OR CREMATORY Arlington Solventy Arlington County | |

DHMH - 16 60M 7/84 (VRA 15, 4)

12 AD Ridgely Ave. hardesty funeral Home Ann. Md. 21401 to modelle





| | | STATE OF MARTLAND | | | | | |
|--|-------------|--|---|---|--|--|--|
| 0-01043 | 1. | FOR STATE REGISTRAR | DEPA | RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 741 | |
| 3 74 | | CEASED NAME FIRST | MAS A. | SPENCER | 2ª DATE OF DEATH MONTH DAY YEAR 03-06-86 | 26 HOUR 9:40PM | |
| 100 | 3 SE | X | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 Y | EAR IF UNDER 24 HRS | |
| 4 00 p | | le | Black | 1 20 94 | 92 YRS | | |
| 2 52 bl | | RTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF WHAT COUNT | RY? 8 MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S | 4 | |
| 1 11-12 | _ | ryland | U.S.A. | WIDOWED DIVORCED | | Mc | |
| 74 | 10 C | CHEVERLY | | RSING HOME OR OTHER INSTITUTION | 126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUST Engineer Scho | id of Business or IRYP. G. Cour Ools Board | |
| 112 | 1 SU 3a. | STATE 136 CO | | OWN 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE | 20743 | |
| 1 45 1 | 14 E | Prir | | IS MOTHER'S MAIDEN NA | 8111 Central Avenue | | |
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTOR Jöhn T. Rhines Co., 3015 12th St. N.E., D.C.

Brentwood Md

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STATE OF MARYLAND

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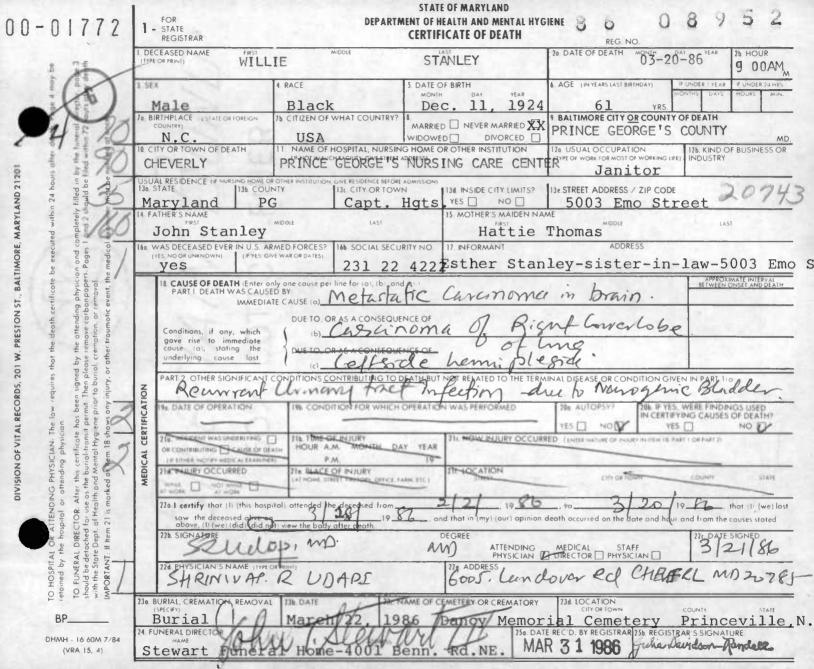
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 069060 CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2n DATE OF DEATH 26 HOUR Marie Rose Stephenson 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR 3 SEX YEAR White Female 10/6/1900 85 To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington. USA Prince George's WIDOWEN DIVORCED | D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hospital Homemaker Own home USUAL RESIDENCE (IF NUR 130 STATE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI LIB COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Brandywine YES -8205 Dyson Road MD 20613 Geo. NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John O'Brien Viedt Flora 166 SOCIAL SECURITY NO. 17 INFORMANT son 219-58-8752 Charles M. Early same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES | 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CHOSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220 | certify that (1) (this haspital) afterded the deceased from > 10 YEARS 19 sow the deceased alive as abave, (I (we) did (did not) liew the body after death. _ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated MITNCHINDEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT)
KELUIN MINCHIN SUITE 200 ld b 6188 0 XOW OICKERSON. J. BROOKS OXON HILL MARYLAND 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 3/5/86 Washington National Suitland. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA LIRE ADDRESS P. D BOX 156 DHMH - 16 60M 7/84 Huntt Funeral Home, Waldorf, Md. 20601 (VRA 15, 4)

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March20,1986 Fort Lincoln Cemetery

F. Gasch's Sons F.H. P.A. Hyattaville, Maryland

Brentwood

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P.G.

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

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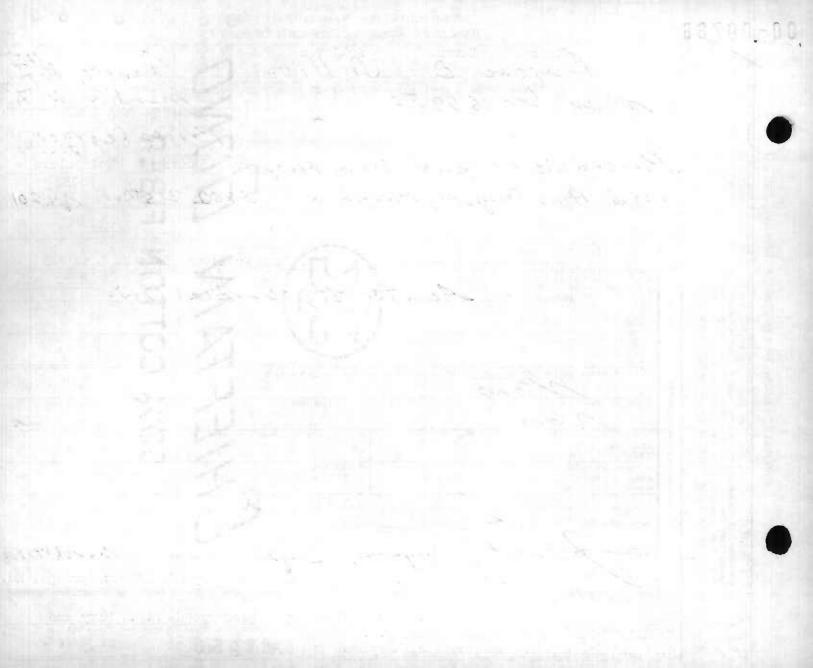
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO DECEASED NAME Edward Eugene 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DATE PRONOUNCE MARRIED WEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Truck Driver Wholesalers 20782 130 STATE 15 MOTHER'S MAIDEN NAME MIDDLE Morris Weldon Sullivan Isabel 17 INFORMANT SPOUSE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** 218-26-3041 Mrs. Jean Sullivan, Same as Line #13 NO 18 CAUSE OF DEATH (Enter p.nly one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. II LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Accident Undetermined manner Homicide TITLE (SPECIFY) DEATH, NORE, N W MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd. Silver Springs, Md NO N 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 3-17-86 Burial Ft. Lincoln Cemetery ery Brentwood, P.G., Maryland

250. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 07/84 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** wirden Render 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



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| | TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BARTHORE, MARTHAND, 2120 | | (TYPE OR PRINT)JOHN | | / | | | Seminary F | Rd. Silv | er Sk | ring, | Md. |
| | E02749 | 23e. BI | JRIAL, CREMATION, REMOVAL | 236 DATE | 23c. NAME OF CE | | | 23d LOCATION CITY OR TOWN | | COUNTY | | ATE |
| 07/B4 25M | BP | 24 51 | Burial | Apr. 1, 1986 | Gate of | Heaven | Cemeter | y Silver | | | | ld. |
| 20111 | DHMH - 17 | 24. 11 | INERAL DIRECTOR Franci | s J. Calli | ns, Jr. | | AP. | 707 1986 | AR AND REGIST | RAR'S SIGN | -ATURE | |
| | (VR A15 ME (5)) | 500 | University Bl | vd. W. Si | lver Sprin | ig. Md. | | | | | | 1 |

500 University Blud, W. Silver Spring

(VRA 15, 4)

ulia Davidson Pandelle

"truckam" Ft. Geo. College Fort 20740

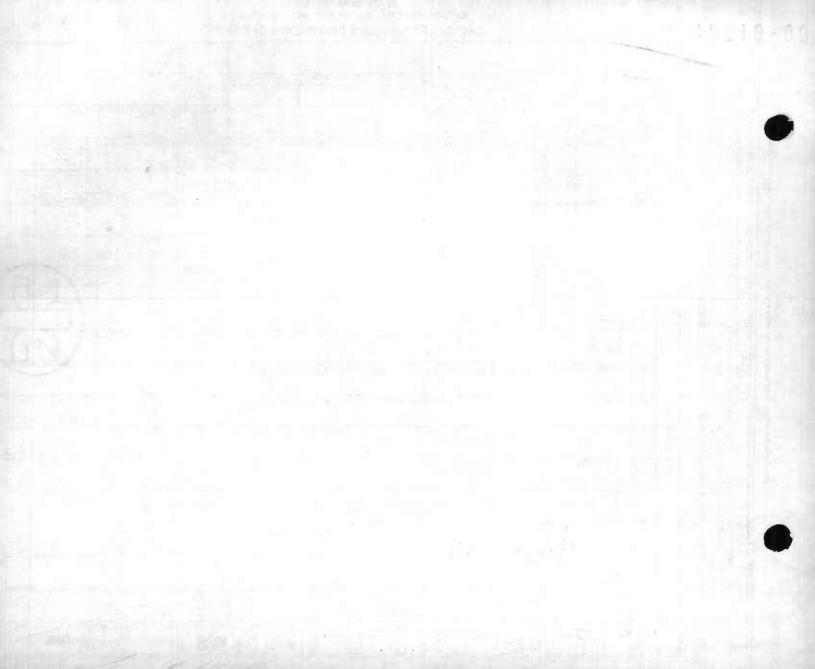
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| 00-01981 | REGISTRAR | | ME | | EXAMINE | R'S C | ERTIFIC | CATEO | - | * 11 | REG. I | | | | |
| /- | 1, DECEASED TOX | ME FIRST | | MIDDLE | | l | AST | | 2 | o. DATE OF | KNOWN ESTI- | X MON | TH DAY | YEAR | 26 HOUR |
| 13 marg 11 10 | | HENRY | | M. | | SW. | ITZER | | | | MATED | □ 3 | 26 | 19 86 | M |
| EPE OF | 3. SEX | 4. RACE | 5 DATE OF BIRTH | YEAR | 6 AGE (IN YEARS | MONTHS | | IF UNDER | | RONOU | | MONT | TH DAY | YEAR | 24 HOUR |
| | Male | White | Aug. 19, | 1932 | 53 YRS. | MONTHS | DATS | HOURS | MIN, | DEAD | | 3 | 26 | 1986 | 3:16 A M |
| - 13 E Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | BIRTHPLACE FOREIGN COUNTR | | 76. CITIZEN OF W | HAT COUN | TRY? 8 | MARRIE | D NEV | VER MARRI | ED 7 | BALTIN | ORE CITY | OR COL | JNTY OF | DEATH | |
| 日本の を 日本 | Washing | ton, DC | USA | | | VIDOWE | | DIVORC | FD [] | Prin | nce Ge | eorge | e's (| County | J MD. |
| SENAL TI | CITY OR TOW | N OF DEATH | 11. NAME OF HOS | | | OR OTHE | R INSTITUT | TION | 12e. USU/ | AL OCCU | PATION (1 | YPE OF WOR | RK 120 K | IND OF BL | ISINESS Inglis |
| 3000/1 | Cheverl | | Prince G | eorge | 's Gen. | | p. (D | OA) | Rot | ite I | rive | r | III. | Muffii | JETTS |
| 6 55 5 5 S | USUAL RESIDENCE 130. STATE | E (IF IN NURSING HOME OF | | 13c. CITY | OR TOWN | 1 | 3d. INSIDE CI | TY LIMITS? | 113e STRE | ET ADDR | ESS | | (| jeje | 16/6 |
| # 448 PP | Virgin | | | Ale | xandria | | | NO 🗆 | | | Reyno | olds | Stre | eet : | 403 |
| SACTOR S | 14 FATHER'S NA | ME | MIDDLE | | LAST | | E. | R'S MAIDE | | A | AHDDLE | | | - LAST | |
| # X8 4 X 101 | Paul | | | | tzer | | | theri | ne | | | | Mill | ler | |
| W HANDS | 160 WAS DECEAS (YES, NO, OR UNK YES | SED EVER IN U.S. ARA | AED FORCES? | | IAL SECURITY N | | 17 INFORM | | ~ | | ADDRE: | | | " 10 | |
| A SET SA | Yes | Korea | VAR OR DATES) | 5/8 | -40-564 | T | Dori | s E. | Switz | zer | Same | as I | rtem | # 13 | |
| T. M. H. W. C. | | OF DEATH (Enter only DEATH WAS CAUSED | BV | | | | | | | | RVII | 77 L | 86 | APPROXIMAT | E INTERVAL |
| A FENSON A | - 910 | IMMEDIAT | E CAUSE (o) C | | | al t | rauma | | | | | 11.11 | | | |
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| M PANA NA | | | (c) | | | | | | | | | | | | |
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| A September 4 | 3 10000 | OF OFERA HOLA | IVO. CONDI | IION FOR | WHICH OPERAL | ION WA | AS PERFOR | MED? | | | | | 20. | AUTOPSY | |
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| N STEER STEER OF STEER S | L-m | NOT WHILE E | STREET, FAC | TORY, FARM, E | | ST | REET | | 7 | CITY OR TO | | | COUNTY | | STATE |
| C 212 | AT WORK | AT WORK | ro | ad | | 1-9 | 2 @ B | ranch | ave. | .,Ten | ipre i | 41118 | | ince orge | MD |
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| ASSUM BA | Buria 24 FUNERALIOR | | | | | | 13 | 250. DATE F | | | | | | | |
| DHMH - (VR A1S ME (5)) | Cumpinal | nam Funera | 1 Homo Cam | | & Alfre | d St | s. | APR | | 986 | 12 . | burder . | | andere | |
| (VK A13 ME (3)) | COUNTILIBI | idili rullera. | T HOME | ATG | x.,Va. | | | W1 11 | UII | JUU | (1) | | | | |



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| | CI | TITY OR TOWN OF DEA | | Prince | HOSPITAL, NURSIN CH FACILITY, GIVE STREET GOODSE | ADDRESS) | eral Hes | pital | TYPE OF W | AL OCCUPATION OF FOR MOST OF DUSCWII | ON WORKING LIFE) | 12b. KIND C INDUSTRY | 1 |
| a ponid be | ₩: | irginia | 13b. COUNTY | | 13: CITY OR TOW ALEXAND | | - 46 | NO 🗆 | | Camer | en Rur | Terr | 22303 ace |
| and 2 s | 14.1 | Charles | E | PDLE | Denaldse | | Lill | | ME | MIDDLE | | Herb | ert |
| oge | 160 | WAS DECEASED EVER (YES, NO OR UNKNOWN) | IN U.S. ARME | | 578-20-6 | | 17. INFORMAN | | ssin | 5850 C | amerer ndria, | Va. | |
| moval. | | 18 CAUSE OF DEATH PART I. DEATH W | AS CAUSED E | BY: | r line for (a). (b), and | CAS | 9175 | 1 | 16 | NEBR | 1111 | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| orb arc | | | MANAGOTATE | CAUSE (0) | DAS A CONSECUE | ENCE OF | | | • | | | | |
| n signed by the arrending. Then please remove carboi ta buriol, cremation, ar re- injury, ar ather traumatic e | NO | Conditions, if ony, gove rise to imm couse (a), statin underlying couse | which nediate g the lost. | DUE TO, O | OR AS A CONSEQUE | ENCE OF | NOT RELATED | | | ASE OR COND | | N IN PART 1 | |
| nos been signed by the ore remove i permit. Then please remove ene prior to buriol, cremation has any injury, or other traun | TIFICATION | gove rise to imm couse (a), stating underlying couse | which nediote g the lost. | DUE TO, O | OR AS A CONSEQUE | DEATH BUT | NOT RELATED | TO THE TERM | MINAL DISE | | DITION GIVE | WERE FIND ING CAUSE | |
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| othed for use as the burial-transit permit. Then please remove Dept. at Health and Mental Hygiene prior to burial, cremation if them 21 is marked or Nem 18 shows any injury, ar ather traur | 1 3 | gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUNTRIBUTING COUNTRIBUTI | which nediote g the lost. NIFICANT COLOR CAUSE OF DEAT CALEXAMINER) | DUE TO, O (b) DUE TO, O (c) NDITIONS CI 19b. COND 21b. TIME C HOUR A P 21c. PLACE JAT HOME B | OR AS A CONSEQUE ON TRIBUTING TO INTERPRETATION FOR WHICH OF INJURY M. MONTH. DI M. | DEATH BU | NOT RELATED NOT RELATED NOT RELATED TO HOW IN J | TO THE TERM RMED JURY OCCUR 19 19 11 11 11 11 11 11 11 1 | 200 AI YES CRED (ENTER | ASE OR COND JTOPSY? NATURE OF INJUR CITY OR TOW | 20b IF YES, IN CERTIFY YES | WERE FIND ING CAUSE OTHER TORPART 2) | NGS USED S OF DEATH? NO STATE that (I) (we) los couses stated |

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George P. Value Fineral Fere Cart Hill No.

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| 07 | 1051 | - | FOR STATE REGISTRAR | | DEPARTMENT OF HEAD | | DEATH | 8 4 0 3 |
|----------------------------|---|---------------|--|--|--|---|---|---|
| | W | 1 DEC | EASED NAME / FIRST | A. | WIDDLE | LAST | 20 DATE KNOWN OF ESTI- | MONTH DAY YEAR 26 HOU |
| | AS S. | | Menr | ietta V | eanne 1 | 9550/ | DEATH MATED | 3-7 1086 |
| | DIRECTOR POUR POUR POUR POUR POUR POUR POUR PO | F | male White | 12-19 | | UNDER 1 YR. IF UNDER 24 | HRS 26. DATE PRONOUNCED DEAD | 3-7 1982 PM |
| 0 | Neral Norral For y | FO | RTHPLACE (STATE OR REIGN COUNTRY) | 76 CITIZEN OF W | nce WID | RRIED NEVER MARRIED | | |
| 16 | A SHE A SHE IS | 10. CI | or town of DEATH | SEVI al | SPITAL, NURSING HOME, OR CACILITY SIVE STOP ADDRESSI | OTHER INSTITUTION | 2d USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Housewife | E OF WORK 17b KIND OF BUSINESS OR INDUSTRY |
| MD. 21201 | ANY CAND 3 | 13a. S | | or other institution, G NTY Ce Georges | re residence before admission) 13c CITY OR TOWN Ft. Washington | 13d. INSIDE CITY LIMITS? YES X NO | 3. STREET ADDRESS 500 Tantallor | n Dr. 20744 |
| | |) | THER'S NAME FIRST Henri | MIDDLE | Tassot | 15 MOTHER'S MAIDEN FIRST Jeanne | NAME | Dauer |
| BALTIMORE | URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM JI PAGES 1 AND 2, DIVISION OF VITA DIVISION OF VITA | (YI | VAS DECEASED EVER IN U.S. AF ES, NO, OR UNKNOWN) (IF YES, GIV | RMED FORCES? E WAR OR DATES) | None | Jacqueline | A. Burke Ft. | Tantallen Dr. Washington, Md. |
| W. PRESTON ST. | WITHIN 24 HOUR ENCIL IN ITEM 8. AINER ALONG WI TRANSIT FERMIT NTAL HYGIENE, DI OR REMOVAL. | | Conditions, if any, which | ATE CAUSE (a) DUE TO, OR | Note 10 Color OF | Fu corde | in varialalo | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 201 | CUTED I EXAM JRIAL- ND MEI | | gove rise to immediate couse (a) stating the <u>under</u> lying couse lost. | DUE TO, OR | AS A CONSEQUENCE OF | | | |
| CORD | PENDING F MEDICA F MEDICA ED AS A BI HEAITH A. | NO | PART 2 OTHER SIGNIFICANT CONDITION. | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL OF | EASE OR CONDITION GIVEN IN PART | 1 (a). | |
| ITAL RE | A HE AL | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDI | TION FOR WHICH OPERATION | WAS PERFORMED? | | 20 AUTOPSY? YES □ NO D |
| DIVISION OF VITAL RECORDS, | CERTIFICATE SHITING THE WORDED TO THE CLESS SHOULD BE USEN THE CLESS SHOULD BE USEN THE CLESS SHOULD BE USEN TO BURN THE FORM THE | | 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF | | MONTH DAY YEAR | HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 P | PART 1 OR PART 2) |
| DIVISI | られるの正名 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY 1 AT HOME, 211. TORY, FARM, ETC.) | LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| • | TO MEDICAL EXAMINER: TH EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21: | | 228 I certify that I took chor death resulted from: Note ACTUAL SIGNATURE | rge of the remains desural causes | scribed above, held an Au Accident , Suicide | tapsy . Inspection . Homicide . TITLE (SPECIFY) Deputy | Undetermined manner . | DATE 3-286 |
| | AECUTE TI GECUTE TI AGE 4 SH TER DEA | | The second secon | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | riguez, M.D. | | yburn Ct , Tem | ple Hills, MD |
| 07/84 | Bb | G: | JRIAL, CREMATION, REMOVAL PECKY) remation | 3/8/86 | 23c. NAME OF CEMETER Metropolita | n Crematory | 23d LOCATION CITYOR TOWN Alexandria | COUNTY STATE Virginia |
| 25M | DHMH - 17 (VR A15 ME (5)) | | NAME PORGE P. Kalas | Funeral H | 6160 Oxon Hill ome Oxon Hill. | Md. MAD 4 | C'D. BY REGISTRAR 256 REGIS | STRAR'S SIGNATURE |
| | | | | | | I IVI/AII | 500 | |

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TATE

5. DATE OF BIRTH

REG. NO. 20. DATE OF DEATH MONTH A.M. MARCH 1 1986 IF UNDER I YEAR & AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS 70 years

MONTH Sep 27. 1914 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

PRINCE GEORGES COUNTY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER Government Emp. Federal Govt.

BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE

CLINION, MD. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY Maryland

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE to

TAMES

4 RACE

Black

13c CITY OR TOWN 13d INSIDE CITY LIMITS? Ft Washington LAST

C.

15 MOTHER'S MAIDEN NAME

7905 Prentice Drive

Not Stated IVES NO OR UNKNOWN)

4 FATHER'S NAME

FOR

REGISTRAR

O BIRTHPLACE ISTATE OF FOREIGN

North Carolina

IO CITY OR TOWN OF DEATH

DECEASED NAME

- STATE

TYPE OR PRINTS

Male

3 SEX

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES)

Not Stated 17 INFORMANT

ADDRESS 3307 Saville Lane Thomas Robert Tate. Son. Mitchellville. Md

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate couse (0), stating the AS CONSEQUENCE OF

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

Not Stated

underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

190 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO IT

LIF SITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL

21m ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION COUNTY CITY OR TOWN STREET

NOF

200 AUTOPSY?

220 | certify that (1) (this haspital) attended the deceased from saw the decased alive an above, the well death view the body ofter death.

19 KO and that in they)

apinian death occurred on the date and have and from the causes stated

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

d b

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

BURIAL 6 Mar 86

ADDRESS 1432 U St., NW. AR 11 1988

Harmony Memorias Park Landover, P. G. Co., Maryland

W. ERNEST JAHVIS CO., INC., Washington, D. C.

23b DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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The street of the second street, i. C. a. a. C. a. a. C. a. a. C. a. a.

STATE OF MARYLAND

| 9058 | 1 - | FOR STATE REGISTRAR | | | DEPARTA | MENT OF | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | | 08 | 96 |
|--|---------------|---|-------------|------------------------------|---|----------------------|---|---|---|--|
| 11 | DEC | EASED NAME | IRST | | MIDDL€ | 1 | LAST | REG. NO | MONTH DAY YEAR | 26 HOUR |
| - // | (TYPE | STERLIN | I | E. | TAVEL | . SF | | MARCH 2, | 1986 | 11:34 |
| 2 2 | SEX | | | RACE | | 5. DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIR | THDAY) IF UNDER I YE | AR IF UNDER 24 HE |
| rs of | | Male | | Whi | te | July 30, 1902 | | ع | YRS. | is HOURS MI |
| within 72 hou within 72 hou | CI | THPLACE (STATE OR FORE DUNTRY) Tennessee | IGN 7b | CITIZEN OF | • A• | 8 MARRIE WIDOW | D NEVER MARRIED | PRINCE GO | R COUNTY OF DEATH | |
| filed filed | LA | y or town of death NHAM | A | NAME OF INSUC | HOSPITAL, NURSIN THE FACILITY, GIVE STREET A CTORS HO | SPITA | OF OTHER INSTITUTION L of PG Count | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Bookbinde | F WORKING LIFE) INDUSTI | OF BUSINESS OF P.O. |
| hould b | 30. S | aryland | P.G. | 9 | 13c. CITY OR TOWN Mt. Raini | N | 13d INSIDE CITY LIMITS? YES NO | | zip code chanan St. | #101 ₂₀₇₁₂ |
| ond 2 | | Paul | Fred | d. | Tavel | | 15. MOTHER'S MAIDEN NAI FIRST Lizzie | WODIE | Hows | LAST |
| Pages L | 6a W | AS DECEASED EVER IN | V.S. ARMEI | AR OR DATES) | 408-09-3 | | LaDonna Tave | 1(Doughter) | Same as 7 | ¥ 13 |
| thy to atthe centron of cremoto cothes troug | | | | (b) DUE TO, O | r as a conseque | NCE OF | | | | |
| A service | NOI | PART 2 OTHER SIGNIF | CANT CON | nditions <u>co</u> | ONTRIBUTING TO D | DEATH BU | NOT RELATED TO THE TERM | inal disease or con | DITION GIVEN IN PART | 110 |
| hos bernitiene price | CERTIFICATION | 9a DATE OF OPERATIO | N | 196 COND | ITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 20a AUTOPSY? | 206 IF YES, WERE FIN IN CERTIFYING CAUS YES | |
| | | 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL | SE OF DEATH | 21b. TIME C HOUR A. P. | | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PART I OR PART | 2) |
| s the bull hand we have a second we have a second with the hand we have a second we have a sec | MEDICAL | 21d_INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | | | OF INJURY REET, FACTORY, OFFICE, F | ARM ETC) | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| of Health | | 22a I certify that (I) (the saw the deceased above, (I) (we) (did | olive on | March | 2 19 | Feb 86 . | nd that in (my) (our) opinion | , to <u>March 2</u> death occurred on the do | 19 <u>86</u> ote and hour and from t | _, that [It (we) l he couses stated |
| ERAL DIRE e detochec State Dept ANT: If Iten | | Soll | 20A | east | 4 | A | | MEDICAL STAI | FF 2 | 3/84 |
| should b | 3 | ZZA PHYSICIA | An | tonio | | | 22e ADDRESS MD 6215 Greenb | | College Pa | ark, Md. |
| 2 | | URIAL, CREMATION, REP PECIFY) Burial | MOVAL | 3/6/6 | ~ - | | coln Cemetery | 23d LOCATION CITY OF TOWN Brentwo | od P.G.Co | . Md. |

Riverdale Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

W.W.Chambers CO. INC.

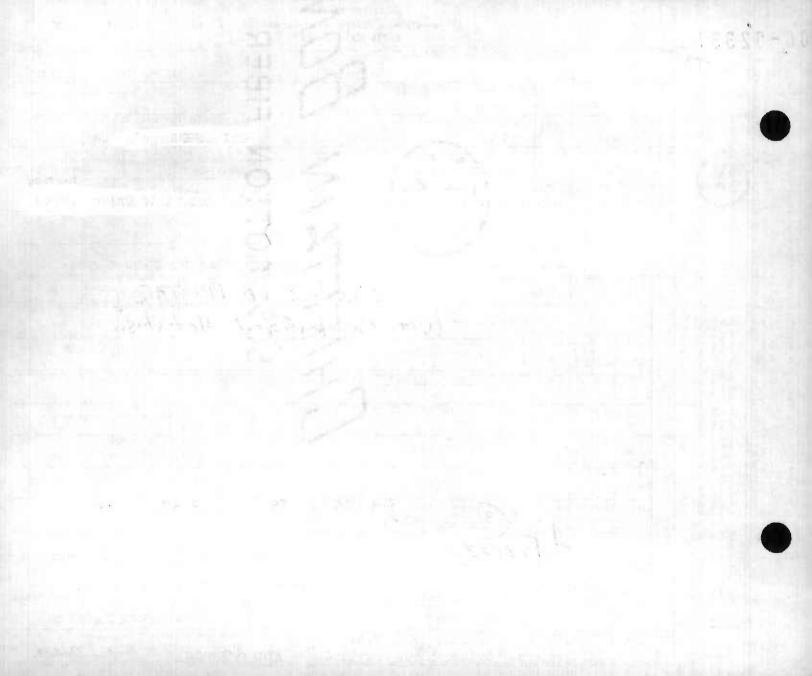
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ' | - STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | PEG | . NO. | | in the same |
|---------------|---|---|-------------------------|------------|-------------------------------|-------------------------|--------------|---------------|--------------------------------------|
| | LICEASED TVAME FIR | ST | MIDDLE | | LAST | 20 DATE OF DEATH | | DAY YEAR | 26 HOUR |
| 200 | THE CHARLEST | Woodrow | E | Tho | mpson | | 03 (| 03 86 | 6:21am |
| 1.5 | EX | 4 RACE | | 5. DATE (| OF BIRTH | 6. AGE (IN YEARS LAS | BIRTHDAY | MONTHS DATE | R IF UNDER 24 HRS. |
| Mo | ale | Cauca | sian. | | mber 4, 1912 | 73 | YRS | MORINS DAY | MIN. |
| 70 | BIRTHPLACE (STATE OR FOREIG | | WHAT COUNTRY | 2 8 | D X NEVER MARRIED | 9 BALTIMORE CIT | OR COUNT | TY OF DEATH | |
| M | aruland | 11.5 | . A. | WIDOW | | Prince (| George | 's | MD. |
| 10 | CITY OR TOWN OF DEATH | | HOSPITAL, NURSI | | OR OTHER INSTITUTION | 120 USUAL OCCUP | | 12b. KIND | OF BUSINESS OR |
| 10 | rurel | Greater | Laurel 1 | Beltsv | ille Hospita | | | Post | Office |
| US 130 | UAL RESIDENCE (IF NURSING HI STATE 136 | OME OR OTHER INSPITUTION | 13c. CITY OR TO | WN | 134 INSIDE CITY LIMITS? | 13e STREET ADDRES | SS / ZIP CO | DE | |
| | aryland | 7.21 | Laurel | | YES NO | 15542 Pla | | | 20707 |
| 14.1 | FATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN N | AME | | | AST |
| | John | С. | Thomps | | Myrtle | | | Benn | ett |
| 160 | WAS DECEASED EVER IN U | .S. ARMED FORCES? YES. GIVE WAR OR DATES) | 16b. SOCIAL SEC | URITY NO | 17 INFORMANT | AD | DRESS | | |
| Y | 25 | 1947-52 | 579-32- | 9653 | Ann S. Thom | pson Wife | Samo | e as 13 | |
| | 18 CAUSE OF DEATH (Er | nter only one cause pe | er line for (a), (b), a | ind ic | | | | BETWEE | NIMATE INTERVAL N ONSET AND DEATH |
| | | EDIATE CAUSE (0) | Card | oc o | rus | | | 100 | 4027020 |
| | The second second | DUE TO, O | DR AS A CONSEQU | JENCE OF | + + | | | ml. | m + 2 da |
| | Conditions, if any, whi gove rise to immedia | ich (1b)_ | Post c | folel | ystectory | , | | 1000 | mont 3 da |
| | couse (a), stating t | couse (0), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | ear |
| | | (c)_ | Auge | soe | aseone | | | | |
| Z | | ANT CONDITIONS C | CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR C | D MOITIDING | IVEN IN PART | 110 |
| CERTIFICATION | 190 DATE OF OPERATION | 19h CONI | DITION FOR WHICH | HOPERATIO | N WAS PERFORMED | 20g AUTOPSY? | 20h JE V | ES, WERE FINE | UNICS LISED |
| FIC | THE OF CHERNION | 170 0011 | on on tok title | OI EKAIIO | THE STERIORNED | | IN CERT | TIFYING CAUSI | ES OF DEATH? |
| ERT | 710 ACCIDENT WAS UNDERLYED | NG [] 21b. TIME | OF INJURY | _ | 21¢ HOW INJURY OCCU | YES NO | | YES DEPARTS | NO 🗌 |
| | OR CONTRIBUTION TO CALLER | OF DEATH | .M. MONTH | | | The fertile throng of | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EX | | OF INJURY | 19 | 21f LOCATION | | | | |
| ME | | LAT HOME S | TREET FACTORY, OFFICE | FARM ETC) | STREET | CITYO | RTOWN | COUNTY | STATE |
| | 220.1 certify that (I) (this | | he deceased from | Jun | E 15 10 95 | MARC | 11- 2 | 10 86 | , that (I) (wet last |
| | sow the deceased of | ive on MARCH | 12 19 | | nd that in (my) (aut) opinion | n death accurred on the | dote and he | | |
| | obove, (I) (we) (dd) (d | did not) view the bad | y ofter death. | | DEGREE | | | | E SIGNED |
| | DV | フィー | 1 1 | Lun | ATTENDING PHYSICIAN | | TAFF | 3 | 3 81 |
| | 224 PHYSICIAN'S NAME | (TYPE OR PRINT) | 1 | | 22e ADDRESS | DINECTOR FITT | SICIMIT [| | 2.00 |
| | Dr - | Total | Fate | ha i | 5632 Annapo | Pis Dond 1 | Radon | huto | Manuland |
| 23a | BURIAL, CREMATION, REM | 1.1-1-1 | | NAME OF C | EMETERY OR CREMATORY | | <u>xuuen</u> | sourcy, | Maryland |
| | Burial | | | | ncoln Cemete | CITY OR TOWN | nd Du | GOO M | STATE |
| 24 | | ncis J. Co | | | 250 DA | ATE REC'D. BY REGISTR | AR 25% REGIS | STARSSIGN | Winds 10 |
| 51 | 00 University | | | | Md. M | AR 1 0 1986 | Juna | ment docke | 1 |
| ~/1 | TU_UIA.VV/LOAA.A | LM_VU.a.W.a | SALVEL. | | IVICE . | | | | |

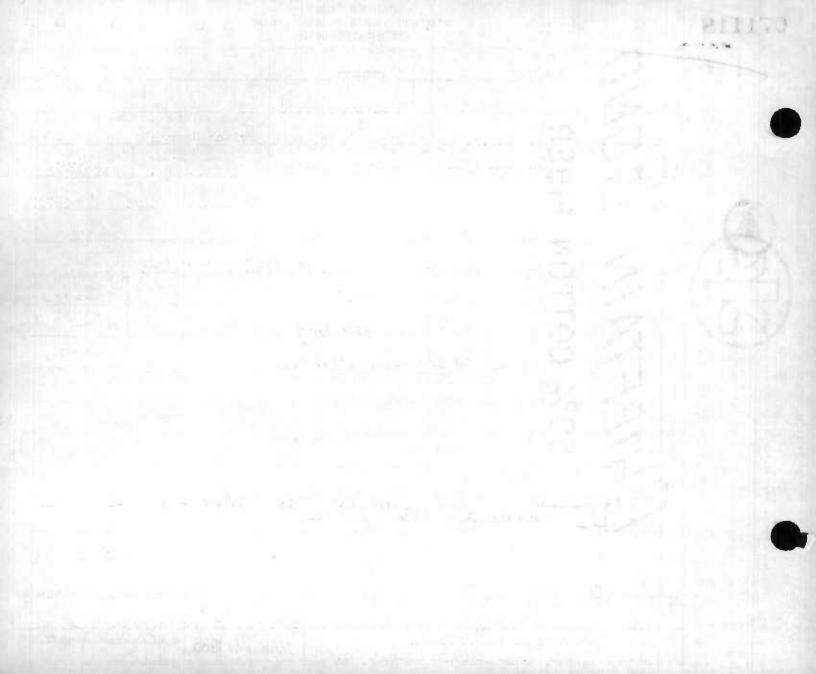
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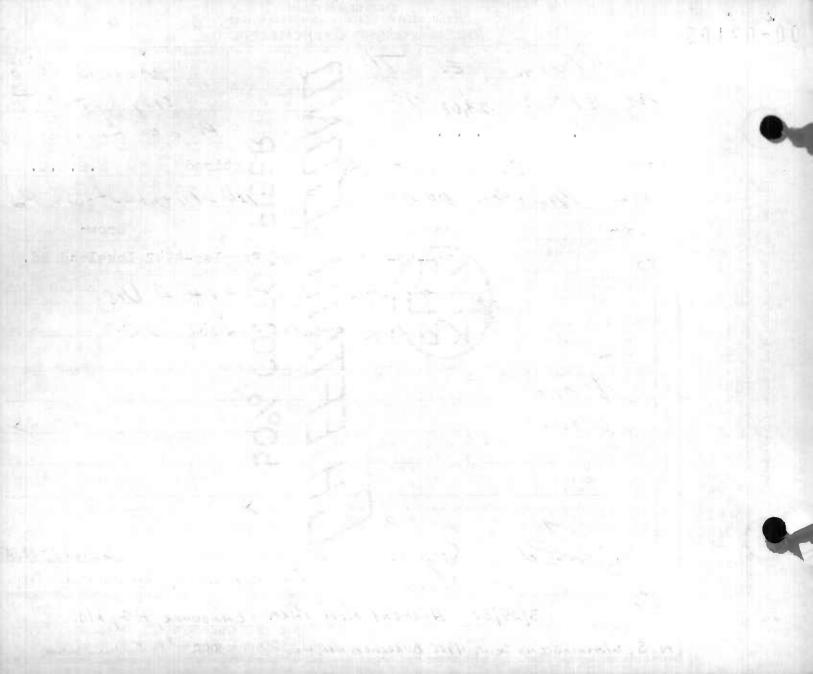
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. at Health and Mental Hygiene prior to buriol, cr

marked ar Hem 18 shaws any

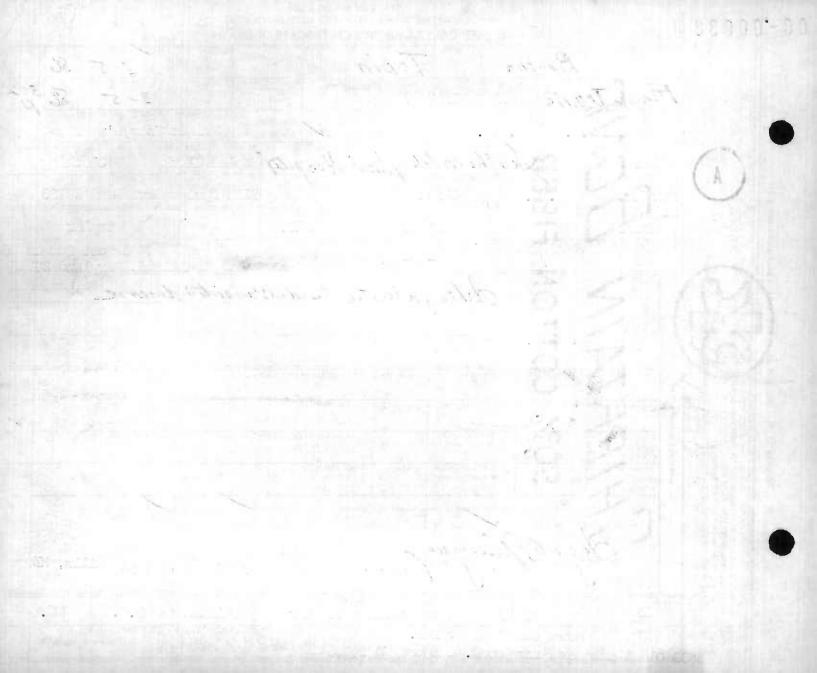
MPORTANT: If hem 21 is



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH (1699, IDM PRINT) DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR SEX 5. DATE OF BIRTH DATE BIRTHDAY) PRONOUNCED a BIRTHPLACE MARRIED NEVER MARRIED POREIGN COUNTRY U.S.A. Md. DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK Retired W.S.S.C. Lanham LIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESID ICE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e STREET ADDRE ITY OR TOWN BOWIE NO [12913 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mary Brown Thomas John 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1YES, NO. OR UNKNOWN) 1 HEYES GIVE WAR OR DATES! Barbara Peoples-4942 Lakeland Rd. 219-03-4807 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate course (o) stoting the underlying cause tast. PART 2 OTHER SIGNIECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO N 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY JATHOME. 21f. LOCATION STREET, FACTORY, FARM STC.) CITY OF TOWN WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Suicide L death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER ADDRESS 1919 Seminary Rd., Silver Spring, Md JOHN S. ROGERS, M.D. PRINT) 23c NAME OF CEMETERY OR CREMATO STATE HARMONY MEM. PARK LANDOVER. 07/84 74. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH 17 H.S. WARMINGTON + 30 NS 4925 BURROUGHS AVE, WEAPR (VR A15 ME (5))



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| 00- | 00038 | 1- | FOR STATE REGISTRAR | | | DEPARTMENT OF | | | OF DEATH | U | 0 7 1 | 1 |
| | Je mana m | | CEASED NAME E OR PRINT) | Berth | | MEDDLE TOP | in | LAST | OF | KNOWN MON ESTI- MATED 3 | TH DAY YEAR | 26 HOUR |
| ANY DELAY IS NECESSARY. PLE AND TOTAL E NECESSARY. PLE AND TOTAL E STOR YOUR FILE BUILD BE FILE WITHIN 72 HON FOR THE WITHIN 72 HON | DIRECTO COUR FILE COUR FILE CON STREE | 3 SE | Female W | hite Ap | ril 3, | | ARS IF UN (AY) MONTH RS. | DER 1 YR. IF UNDER | MIN. PRONOU! | NCED 3- | TH DAY YEAR 1986 | HOUR 302, |
| | MAN STATE | Was | IRTHPLACE (STATE OR DEFINITION D. | C. U | J.S.A. | AT COUNTRY? | WIDOW | | ED Pri | nce Georg | e's | MD |
| | 1 | CI | inton | X | outhis | PITAL, NURSING HOM | ind | Ample | Sales C | PATION (TYPE OF WO | Clothin | JSINESS RY 19 |
| | N. | 13a S | AL RESIDENCE (IF IN NU TATE Tryland | P. G. | R INSTITUTION, GR | residence Before Daiss 13. City or town Clinton | ION} | 13d INSIDE CITY LIMITS? YES 👺 NO 🗌 | 9112 Spr | ing Acre | Road 2073 | 35 |
| RE, MD | PART TO SERVE | F | ATHER'S NAME Robert | MIDD | | Blake | | 15. MOTHER'S MAID Edith | EN NAME | MIDDLE | Taylor | -2 - 1 |
| BALTIMORE, MD. | AFER I | 160 | WAS DECEASED EVER (ES. NO. OR UNKNOWN) NO | IN U.S. ARMED F | ORCES? | 579-28-32 | | Norman Gr | omen s | 4403 uitland. | West Sun Maryland | mer Rd 20746 |
| RECORDS, 201 W. PRESTON ST., | ULD BE EXECUTED WITHIN 24 HO ""PENDING" IN PENCIL IN ITEM I FED AS A BURIAL - TRANSIT PERMI ELE AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. | Z | Conditions, if a gove rise to cause (o) stating lying cause lost. PART 2 OTHER SIGNIFICAN | immediate the <u>under</u> - | DUE TO, OR (b) DUE TO, OR (c) | AS A CONSEQUENCE | OF OF | OR CONDITION GIVEN IN P | | ano | | |
| ITAL REC | お答当以及文文 | CERTIFICATION | 19a DATE OF OPERA | ATION | 196. CONDIT | TION FOR WHICH OPE | RATION W | AS PERFORMED? | | | 20 AUTOPSY | NO P |
| DIVISION OF VITAL | NG THE WO TO THE WO TO THE C SHOULD BE PROPERTINENT | MEDICAL CER | 210 EXTERNAL CAU UNDERLYING CONTRIBUTING | OR CAUSE OF DEATH | | MONTH DAY YEA | R | D D | ED (ENTER NATURE OF IN | JURY IN ITEM 18 PART 1 C | | |
| DIVIS | E. WRITING E. WRITING RWARDED T PAGE 3 SH STATE DEPA | MED | WHILE NOT AT WORK | WHILE | | OF INJURY (AT HOME, IORY, FARM, ETC.) | | CATION | CITY OR TO | OWN . | COUNTY | STATE |
| MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, \$\frac{1}{2} \text{E} \text{SHOULD BE POREY.}\$ | CERTIFICATION DE POINT DE POIN | | 220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | | Pour | yuer. | Autop: | Homicide | Undetermined m | | TE GNED ITA A A | MD |
| 07/84 | BPBP | Ï | urial, cremation, r specify) Burial | |)7/86 | 23t. NAME OF CE Resurrec | | | 234 LOCATION Clinto | n P.C | OUNTY M | î. |
| 25M | DHMH - 17 (VR A15 ME (5)) | 24 F | | Lee Fune der Ferr | 710011233 | ne, Inc. Clinton M | d 207 | AAA | R 1 2 1986 | 25b. REGISTRAR | 'S SIGNATURE | M. |



Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

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Surin) (grid I.) Out Seet Standardory Slintered S.C. Maryland S. Casalta Sons N.H. A. Hyatlaville, Norghund a.H. (Kristlin 1988)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 0051MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X WONIH 7h HOUR LIVPE OR PRINT! OF FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET DEATH MATED David Townsend 13 19 86 4 RACE IF UNDER TYR. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 20. DATE Caucasian March 9 ST BIRTHDAYL PRONOUNCED 3:08P Male 20 DEAD 13 1986 YRS Th CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land U.S.A. WIDOWED DIVORCED Prince George's County, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Aute Mechanic OR INDUSTRY Clinton Southern Maryland Hospital Autemobile SUAL RESIDENCE DE INNUR 20601 Charles Maryland 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1211 Hickory Avenue YES TO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eulacile Renald Norvell F. Townsend 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1211 Hickory Avenue Ronald F. Townsend 212-11-4726 No Walderf. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple injuries DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL DIVISION OF VITAL YES X NO [96 DIRECTOR: PACE 3 SHOULD BE WITH E STATE DEPARTMENT OF 21201 PRIOR TO BUILD BE STATE DEPARTMENT OF 21201 PRIOR TO BUILD BUILD STATE DEPARTMENT OF 21201 PRIOR TO BUILD BU 21a EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR XXXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:55P.M. 13 186 Motorcyclist in collision with truck 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK road Woodyard Rd at Green St, Clinton, P.G.Co, MD. X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Acident X death resulted from: Natural causes Hamicide ___ Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL I AFTER DEATH BALTIMORE, M DATE 3/14/86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3/17/86 Washington National Com. Suitland P.G. 07/84 BP 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE .6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home (VR A15 ME (5)) Oxen Hill, Md. - war door handell

STATE OF MARYLAND

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olde (non Mill ra. worse . Kalas tuneral fore (mon Hill, t.d.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME TO DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED Wanda 3-16 19 86 Vaughan 1 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 7d HOUR LAST BIRTHDAY PRONOUNCED :15 Black DEAD Female 3 - 1619 86 a. M 76 CITIZEN OF WHAT COUNTRY? A RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED | DIVORCED Prince George's County Marvland IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 11538 Old Fort Rd. - driveway Secretary Dept. of Navy Washington UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

1. STATE 131, COUNTY 131, CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS M.D. Prince George'sFt, Washington 111538 Old Fort Road YES A NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Calvin Mary Harley Newman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT APPRESS Old Ft. Road 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST 215-62-7563 Don L. Vaughan, Sr.Ft. Washington, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY (handgun) Gunshot Wound of Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost USED AS A BURIA OF HEALTH AND JRIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Inc. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (head only) E 3 SHOULD E. CATE, WRITING LICELY FORWARDED TO THE ORWARDED TO THE ORWARDED TO THE ORWARDED BILLIAMEN 210 EXTERNAL CAUSE WAS 11b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 3-15 subject shot herself CONTRIBUTING CAUSE OF DEATH P.M. 1986 71d INJURY OCCURRED THE PLACE OF INJURY CATHONE ZII. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 P. STREET, PACTORY, FARM, STC.) WHILE AT WORK XX driveway 11538 Old Fort Rd., Ft. Washington, Prince (head only) 23s. I certify that Work charge of the remains describe Inspection XX Hamicide ____ Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-17-86 EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 736 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial ROLLINS FUNERAL HOME, INC. 1250 DATE Cheltenham 07/R4 25M 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 4339 HUNT PLACE, N.E. (VR A15 ME (5)) WASHINGTON, D.C. 20019

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STATE OF MARYLAND

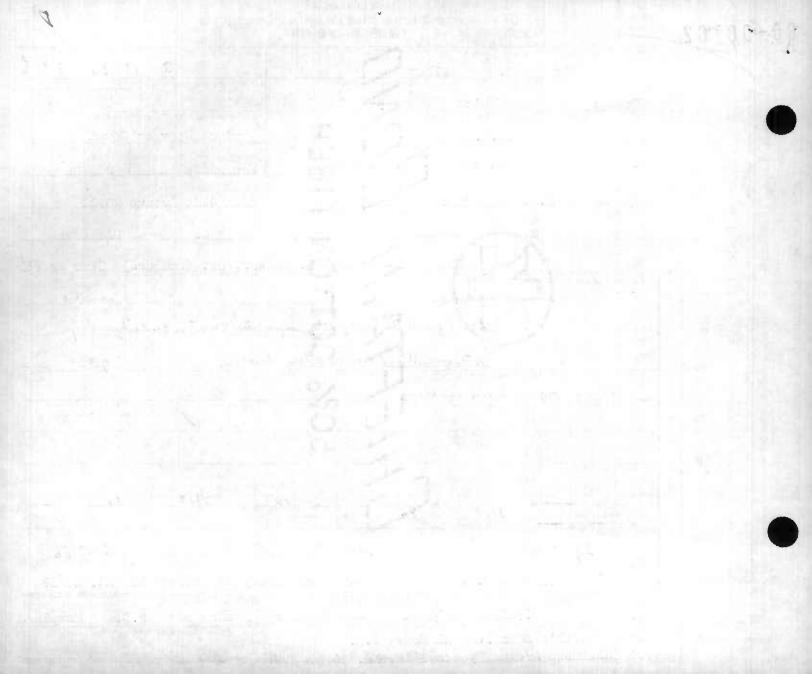
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - STATE REGISTRAR | | DEPARTM | | CATE OF D | AENTAL HYGI EATH | 639 | 3. NO. |) 8 | 9 | 1 | 0 |
|---|---|-----------------------|--|------------|---------------|---------------------|--|----------------|---------------|---------|------------|--------------|
| 1 | L DECEASED NAME FIRST | MIC | DLE | IA. | ST | | 20. DATE OF DEAT | | DAY | YEAR | 2b. HOUR | |
| ı | 011a | Т. | Walker | | | | | 3 | 17 | 86 | 311 | M |
| ı | 1. SEX | 4. RACE | | 5. DATE OF | | | 6. AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDER | | IF UNDER 2 | |
| ı | Female | Whi | te | MONTH | 30 | 1894 | 91 | YR | MONTHS | DAYS | HOURS | MIN. |
| ı | TE LIFTH LACE STATE OF FOREIGN | 76 CITIZEN OF W | | 8 | X NEVER A | | 9 BALTIMORE CI | | | ATH | | |
| 1 | Virginia | U.S.A. | | WIDOWED | | ORCED | Prince | Georg | es Co | untv | | MD. |
| 1 | O CITY OR TOWN OF DEATH | 11. NAME OF HO | SPITAL, NURSIN | G HOME OF | OTHER INST | ITUTION | 120 USUAL OCCU | PATION | 12b 1 | KIND OF | BUSINES | |
| 1 | Riverdale, Md. | Leland | Memoria | 1 Hos | pital | | Housewif | | | Own : | Home | |
| 1 | USUAL RESIDENCE (IF NURSING HOME O | | VE RESIDENCE BEFORE | | 13d INSIDE CI | TV I IAAITS2 | 13e STREET ADDRI | | | 7 W 11 | HOME | |
| I | | | Hvattsvi | | YES X | NO 🗌 | 6011 41s | | | 1782 | | |
| 1 | IA FATHER'S NAME | WIDDLE | LAST | | | MAIDEN NAM | AE MIDD | | | LAST | | |
| 4 | John | T. | Kearns | | | nilv | C. | | н- | itaf | fer | |
| 1 | 160 WAS DECEASED EVER IN U.S. AF | RMED FORCES? | 66 SOCIAL SECU | RITY NO. | 17 INFORMA | | | DDRESS | | | | |
| ı | No | | 578-54-7 | 271 | Joseph | B. Wal | ker, Sr. | (Husba | and) | Sam | e as | #13 |
| Ī | 18 CAUSE OF DEATH Enter of | nly one couse per lir | ne for tal, (b), and | | | | | | | | ATE INTERV | (AI DEATH |
| I | PART I. DEATH WAS CAUSE IMMEDIA | | endropolm | meny | arrest | | | | | min | tis | |
| ١ | | DUE TO, OR A | S A CONSEQUE | NCEOF | | | | | | | | |
| ı | Conditions, if ony, which | ((b) AT | trial febrel | letim a | nd poor | y comply | notice congre | thre hear | I film | r da | yo | |
| ı | gove rise to immediate cause (a), stating the | DUE TO, OR | AS A CONSEQUE | NCE OF | - 1 | | | | | | / | |
| ١ | underlying cause lost | (c) A | Theroseler | tre cr | ronay o | iting d | yeare | | | year | N | |
| ١ | | CONDITIONS CON | TRIBUTING TO D | EATH BUT N | OT RELATED | TO THE TERMI | NAL DISEASE OR C | ONDITION | GIVEN IN P | ART lio | | |
| 1 | Churic or | ganic brain | syndrom | nc. | | | | | | | | |
| 7 | 190 DATE OF OPERATION | 196 CONDITIO | OTTION FOR WHICH OPERATION WAS PERFORMED | | | | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| 4 | W10 | | | | | | YES NO | - | YES 🗌 | | NO 🗌 | |
| ı | OR COMPRISION OF THE COURT OF THE | | | Y YEAR | ZIC HOW IN. | IURY OCCURRI | ED (ENTER NATURE OF | INJURY IN ITEM | B PART I OR P | ART 2) | | |
| ı | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | | | 19 | | | | | | | | |
| 1 | 21d. INJURY OCCURRED | 21e PLACE OF | INJURY I, FACTORY OFFICE FA | ARM, ETC) | 211 LOCATIO | N | CHY | OR TOWN | COU | INTY | ST | ATE |
| ı | AT WORK AT WORK | | | | | | | | | | | |
| ı | 27a. I certify that (1) (this hosp saw the deceased alive or | 21.0 | deceased from | 26 | lat a com | . 19 80 | | /1 | 19 66 | | not (I) (w | |
| ı | above, (1) (did) (did) | view the body of | ter death. | | | opinion a | eath occurred on the | ne dote and i | | | | ed |
| ı | 22b. SIGNATURE | | , | | EGREE A | TTENDING | MEDICAL | STAFF | 220 | DATES | 1 | |
| 4 | Synt D. | | | | | HYSICIAN 🗹 | DIRECTOR PH | | | 3/17 | 86 | |
| 1 | Byrl D. Jol | / | D | | | | uru Dd D | daronda | 1 a N | (a) | 1072 | 7 |
| 1 | | | | | | | ury Rd. R | Tverda | ire, M | id. | 20/3 | |
| | 230 BURIAL, CREMATION, REMOVAL BURIAL | 3/20/86 | | | METERY OR C | | 23d LOCATION | N | COUNT | | 51, | ATE |
| 1 | | | | | | emetery | Brentwo | | P.G. | | lary. | Land |
| 1 | Francis Gasch's | s Sons Fu | neral Ho | me, P. | . A. | ZSO DATE | REC'D. BY REGIST | KARIZSE REG | ISTRAR'S S | IGNATU | RE | |

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)



Ives-Pearson Funeral Homes. Arlington, Va.

(VRA 15, 4)

33 Old Alexander Ferry Rd. Clinton Md. 20735

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the contract and account the state of the st

| | | | | FOR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY | GIENE 8 O 0 | 8 9 8 0 |
|-------------------|-------------------|--|---------------|---|--|--|--|--|
| 0 - | 01 | 127 | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| | | m.e | | CEASED NAME FIRST | MIDDLE | Live Ch | 20. DATE OF DEATH MONTH DA | E 81 |
| | be be | r death | | -Roma | hai | | | T P M |
| | £ 8 | of the | (B) (B) | | 4. RACE | S. DATE OF BIRTH | // | FUNDER LYEAR IF UNDER 24 HRS |
| | Poge | Sim | | EMALE RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR' | 6 /7 / 1919 | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| | eath. | 70/ | 4) | ASh. D.C. | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | 10 | EDRGES MD. |
| | fter d | TAA | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 120. USUAL OCCUPATION (JYPE OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR |
| 201 | urs of | | 11 | dElphi | 760/ 24# | AUE. | P. D. School Sysms | COUNTY |
| ND 21 | 24 ho | filled be | 13a S | TATE 13b. PUT | OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134 CITY OR TO ACE OF | | 13e. STREET ADDRESS 24TI | #28783 |
| RYLA | vithin | Z sh | | THER'S NAME | MIDDLE (LAST | 15. MOTHER'S MAIDEN N. | AME MIDDLE | TAST |
| WA | ted v | comple | | J. Hu | NTER HAY | N GENEUIE | VE PE | RSELS |
| ORE | execu | Poges medico | | | MED FORCES? 166 SOCIAL SE | CURITY NO. 17. INFORMANT | ADDRESS 760 | 1 24th AUE, |
| LTIN | e pe | ers. P | | NO | 718 38 | -1117 JOHN E. W | EICH HOEIP | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| T., 84 | rficot | physi maya vent, | | PART I. DEATH WAS CAUSE | nly one couse per line lar (a), (b), (D) BY: TE C AUSE (a) | and a Pash Arre | st | BETWEEN ONSET AND DEATH |
| SNO | h cer | or re | | MMLDIA | DUE TO, OR AS A CONSEC | | | -65 |
| PRESTON | deat | otter lave o stian, raum | | Canditions, il any, which gave rise to immediate | (b) | pendle Cell CA Lo | M | NOV 83 |
| . P. | of the | by the ase rem I, cremo other t | 33 | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEC | UENCE OF | 0' | |
| 201 | χ ξ | 0 0 0 | | | (c) | DEATH BUT NOT RELATED TO THE TER | AND ALDISEASE OF CONDITION ONE | ALIM DARY I |
| | quire | Then p to bu njury. | NO | mak stafe | 1 | D DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART ((0) |
| RECORDS | W T | prior ony | CERTIFICATION | 198 DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20g. AUTOPSY? 20b. IF YES, | WERE FINDINGS USED ING CAUSES OF DEATH? |
| | The lo | shells shells | RTIFI | N, N 25 83 | CA LVI | <u>O</u> | YES NO YES | □ NO □ |
| FVIT | IAN: | O O T & | | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING A CAUSE OF DEA | LICING A M. CALTIN | DAY YEAR 216 HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI | RT 1 OR PART 2) |
| ONO | YSIC | buriol-t Mentol | WEDICAL | (IF EITHER NOTIF MEDICAL EXAMINER | P.M. / 21e. PLACE OF INJURY | 19 / | \ | march-sy |
| DIVISION OF VITAL | G PH offend | s the b and rked o | ME | WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFIC | | CITY OR TOWN | COUNTY STATE |
| ۵ | NON- | R: Aftechtismo | | | tal) attended the deceased from | 1-1 | | 9 % 6 , that (1) (we) last |
| | ATTE | d for us of He m 21 is | 20 | saw the deceased alive on abave (D)(we) (Gid) (did no | 19 view, the body after death. | 9 | death accurred on the date and hour | |
| | OR he ho | DIRE oched | 13 | 226. SIGNATURE | at mo | DEGREE ATTENDING | MEDICAL STAFF | 3 - 15 - 8 6 |
| | PITAL by t | FUNERAL Jid be deter the State ORTANT: | | 22d. PHYSICIAN'S NAME (TYPE O | | 22e ADDRESS | DIRECTOR PHYSICIAN | |
| | | should be det with the State | | R. H. S. | and strom MD | 7701 Can | rell Ave Taketha T | Ponly Mil |
| | 1 2 | F 8 3 5 7 | 23a. E | URIAL, CREMATION, REMOVAL | 23b. DATE 23 | NAME OF CEMETERY OR CREMATORY | CITY OR TOWN | COUNTY STATE |
| | BP_ | 114 100 | 24 FI | INERAL DIRECTOR | 13/19/86 / | T. LINCOLN CEI | | P.G. Md. |
| | | 30M 2/80 15, 4) | (| 1013 AMMAPO | ALE LANHAMOORE | an ERAL HOME | MAR 2 1 1986 | a Laurdson-Bondan |
| | | | | U Jamapo | THE TOWN | 700 1000 | | |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Black 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa 10 CITY OR TOWN OF DEATH CLINTON USA USA USA USA USA USA USA US | RTIFICATE OF DEATH | REG. NO. | |
|--|--------------------------|--|---------------------|
| CAROL 3 SEX 4 RACE Black 70 BIRTHPLACE (STATE OR FOREIGN OWNER) PA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOMEON OF INSUCH FACILITY, GIVE STREET ADDRESS) CLINTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS) 13 STATE 13 COUNTY MARYLAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS) 13 STATE 13 COUNTY MARYLAN 14 FATHER'S NAME FIRST MIDDLE LAST Caster 16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 190 DATE OF PERALEN 190 CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 210 ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210 ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210 ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210 ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 210 ACCIDENT WAS UNDERLYING OR CAUSED OR CAU | LAST | 20. DATE OF DEATH MONTH DAY YEAR | 26. HOUR |
| Black 70. BIRTHPLACE (STATE OR FOREIGN PACIFICE) Pa 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLINTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS) 130. STATE 130. COUNTY Maryland PG Seat Pleasa 14. FATHER'S NAME FIRST HAYWARD 150. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 170. STATE Caster 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF EITHER, NOTEW MEDICAL EXAMINER) 190. DATE OF UPERALON 190. DATE OF WHICH OPERA 210. ACCIDENT WAS UNDERLYING WHAT CAUSE OF DEATH (IF EITHER, NOTEW MEDICAL EXAMINER) 210. TO WHILE AT WORK AT WORK AT WORK 210. Lectify that IT this hospital) oftended the deceased from sow the deceased alive on sow the body alter death. | HITE | 2/28/86 | 2:10 Pin |
| Black 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA USA USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GVE STREET ADDRESS) SOUTHERN MARYLA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GVE RESIDENCE BEFORE ADMISSING 136 STATE 136 STATE 137 CASTOR MARYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GVE RESIDENCE BEFORE ADMISSING 136 STATE 138 COUNTY MARYLAND PARTYLAND 14 FATHER'S NAME FIRST MIDDLE LAST Caster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) 16 CASTOR 18 CAUSE OF DEATH (Enter only one cause per line for (o1, (b), ond (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF) 190 DATE OF PERALEN 190 CASTOR 190 DATE OF PERALEN 190 CONTRIBUTING CAUSE OF DEATH (US) 210 ACCIDENT WAS UNDERLYING 10 ALSO OF DEATH (US) 210 ACCIDENT WAS UNDERLYING 110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (US) 210 ACCIDENT WAS UNDERLYING 110 OTHER OF INJURY AT WORK 110 NOT WHILE 110 AT WORK 110 OTHER OF INJURY AT WORK 110 NOT WHILE 110 AT WORK 110 OTHER OF INJURY AT WORK 110 NOT WHILE 110 AT WORK 110 OTHER OF INJURY 120 L certify that IT this hospital) otherded the deceased from sow the deceased alive on obove, (II) (we) (did) (did not view the body alter death. 220 SIGNATURE | ATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE. | |
| TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA USA USA WIDO 10 CITY OR TOWN OF DEATH CLINTON CLINTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS) The country Maryland PG 14 FATHER'S NAME FIRST Hayward Caster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) TO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY USD 190 DATE OF DEATH CONTRIBUTIONS 190 DATE OF DEATH CONTRIBUTIONS 210 ACCIDENT WAS UNDERLYING 190 DATE OF DEATH CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 ACCIDENT WAS UNDERLYING 212 ACCIDENT WAS UNDERLYING 213 ACCIDENT WAS UNDERLYING 214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK AT WORK 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK 217 SOW the deceased clive on abave, (1) (we) (did) (did not) view the body after death. 228 SIGNATURE | 6 26 38 | 47 YRS MONTHS DATE | S HOURS MIN. |
| PA 10 CITY OR TOWN OF DEATH CLINTON CLINTON SOUTHERN MARYLA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING 136 STATE 136 STATE 137 COUNTY Maryland PG 14 FATHER'S NAME FIRST HAYWARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 190 DATE OF DEATH (Enter only one couse per line for (b), and (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 190 DATE OF DEATH (FIRE OF INJURY) 190 DATE OF DEATH (FIRE OF INJURY) 191 CONDITION FOR WHICH OPERA 192 CONDITION FOR WHICH OPERA 194 CONDITION FOR WHICH OPERA 195 CONDITION FOR WHICH OPERA 196 CONDITION FOR WHICH OPERA 210 ACCIDENT WAS UNDERLYING OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 ACCIDENT WAS UNDERLYING OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 212 IL ACCIDENT WAS UNDERLYING OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 PLACE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK 196 DATE OF THE AND OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK 197 DATE OF THE AND OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. 198 DATE OF INJURY (IAT HOME, STREET, FACTORY, OFF | RRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | |
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| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING STATE 136 COUNTY | | 120 USUAL OCCUPATION 126. KIND | OF BUSINESS OR |
| 136 STATE 136 COUNTY 136. CITY OR TOWN Seat Pleasa 14 FATHER'S NAME LAST LAST Caster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardio pure Conditions, if ony, which gave rise to immediate couse io.) stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse io.) stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IS 190 DATE OF DEATH HOUR A.M. MONTH DAY YE OR CONTRIBUTING CAUSE OF DEATH (IF EIMER, NOTIFY MEDICAL EXAMINER) P.M. 1 21d. INJURY OCCURRED 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK | | Retired INDUSTR | |
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| Hayward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO | 15. MOTHER'S MAIDEN NA | ME | |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (19 YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 196 DATE DEERS IN 196 CONDITION FOR WHICH OPERA 196 DATE DEERS IN 196 CONDITION FOR WHICH OPERA 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH E 196 CONDITION FOR WHICH OPERA 210 INJURY OCCURRED WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. AT WORK A WORK 220. I certify that HT this haspital) attended the deceased from abave, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE | Gloria | Patric | 1A51 |
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| 220. I certify that (till this haspital) attended the deceased from sow the deceased alive an above, (1) (we) (did) (did not view the body after death. 228. SIGNATURE | 19 | | |
| 220. I certify that (till this haspital) attended the deceased from sow the deceased alive an above, (1) (we) (did) (did not view the body after death. 228. SIGNATURE | 211 LOCATION STREET | CITY OR TOWN COUNTY | STATE |
| sow the deceased alive an 2.28 19.86 above, (1) (we) (did) (did not) view the body alter death. 226 SIGNATURE M. D. | | | |
| obove, (I) (we) (did) (did not view the body after death. 226 SIGNATURE M. D. | 2.27 1 1986 | | _, that 🔑 (we) last |
| M. M. D. | | death occurred an the date and haur and from t | |
| 22d PHYSICIAN'S NAME ITYPE OR BOARD | DEGREE ATTENDING _ | MEDICAL STAFF | TE SIGNED 28.86 |
| | PHYSICIAN [| DIRECTOR PHYSICIAN | |
| MRIDULA SINGH M. | D Mess Sout | hern Maryland | Hosp. Cente |

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR, after this certificate has been up should be detached for use as the burial-transit permit the with the State Dept of Health and Mental Hygiene prior in a

TENDING PHYSICIAN, The

etained by the haspital or attending physician.

morked or Item 18 shows

MPORTANT. If Hem 21 is

remation/Burial

March

230. BURIAL, CREMATION REMOVAL

Resurrection Cemetery Washington D. Clare 1986 Resurrection Cemetery Washington D. Clare Md.

24 FUNERAL DIRECTOR NAME

March

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE we should be a special the

| | | | | | | FMARYLAND | 0.0 | 0 0 |
|---------------|--|---------------|---|-----------------------|---|---------------------------------|--|--|
| | | 1- | FOR STATE | | DEPARTMENT OF HEA | LTH AND MENTAL | HYGIENE () | 7 0 4 |
| 00 | -02023 | | REGISTRAR | ME | DICAL EXAMINER | S CERTIFICATE | OF DEATH REG. NO. | |
| | | | CEASED NAME FIRST | | MIDDLE | LAST | 20. DATE KNOWN | DAY YEAR 26 HOUR |
| | 25 S. S. F | | Willia | 3 | 6 | VILEINS | OF ESTI- | -26,86 M |
| | 新た馬支援 | 3 SE | n A RACO | 5. DATE OF BIRTH | | | R 24 HRS. 2c. DATE MONTH | DAY YEAR 24 HOUR |
| ^ | SY, DUR SN S | 1 | Tale Dlack | | 2.1920 65 YRS. | AONTHS DAYS HOURS | MIN PRONOUNCED DEAD 2 - | 26 8/75 |
| 9_ | A A A A A | 70 B | RTHPLACE (STATE OR | 76. CITIZEN OF W | HAT COUNTRY2 | 1000- 100 | 1 BALTIMORE CITY OR COUN | TY OF DEATH |
| | S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS WORKETON STREET, | FC | REIGN COUNTRY) | U.S. | ٨ | ARRIED A NEVER MARI | | e's MD |
| | NEW WAR | 10. C | IY OR TOWN OF DEATH | | SPITAL, NURSING HOME, OR | | 120. USUAL OCCUPATION (TYPE OF WORK | 126 KIND OF BUSINESS |
| | A PRE PRESENTATION OF THE | 14 | admic hound | W NOT IN SUCHE | ACILITY GIVE STREET ANDRESS) | 51 | FOR MOST OF WORKING LIFE) Unemployed | OR INDUSTRY |
| 1 | ROS - | USU | AL RESIDENCE IN THE HOME O | R THER INSTITUTION G | IVE RESIGNCE BEFORE ADMISSIONS | Jr. | Towemproyed | None |
| | 11025 | | TATE VINCOUN | TY | Bladersburg | 13d INSIDE CITY LIMITS? | 134 STREET ADDRESS | ブスフノハ |
| | | | | P.G. | Bradersburg | | | . 20110 |
| | E-101/1 | | ATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIL | MIDDLE | LAST |
| 1 0 | W SES | | William | | Wilkins | Hilda | | known) |
| I W | TER DE E PAGE FORM SES 1 A | 160 \ | VAS DECEASED EVER IN U.S. ARA | AED FORCES? | 166. SOCIAL SECURITY NO | 17. INFORMANT | ADDRESS | |
| AGOMITIAN | JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION | 3 | TO | | P55-22-321 | Janie W | ilkins-Same as # | 13 above |
| | : 588 | | 18 CAUSE OF DEATH (Enter onl | y ane couse per la | or (o), (b), and (c).) | , | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PERTON | TEM 18. CONG W PERMIT. SIENE, D | | PART I DEATH WAS CAUSED | BY: | artio my | nothy. | | BETWEEN ONSET AND DEATH |
| 5 | THIN 24 IN TEA I | | INVIEDIA! | | AS A CONSEQUENCE | / | | |
| ŭ | THIN ER AN ER AN ER AN EMO | | Conditions, if ony, which | - 1 | 00 | Y | | |
| | XAMIN XAMIN XAMIN AL-TRA MENTA NENTA | 100 | gove rise to immediate cause (a) stating the <u>under-</u> | DUE TO, OR | AS A CONSEQUENCE OF | | | |
| 3 100 | UTED WITH IN PENCIL EXAMINE EXAMINE I'AL - TRAN O MENTAL ON, OR RE | | lying couse lost. | | | | | |
| | XECUTE JG. IN SAL EXA BURIAL AND M | | PART 2 OTHER SIGNIFICANT CONDITIONS | ONTRIBUILING TO DEATH | BUT NOT BELATED TO THE TERMINAL O | SEASE OF CONDITION CIVEN IN S | ABY 1 | |
| 2000 | A S S A T S | Z | | | DOLLING TO THE TERMINAL C | ISENSE ON COMPISSION DIVEN IN P | AKI 1 (0) | |
| 30 | HIEF MEDI USED AS A OF HEALTH | IFICATION | 190. DATE OF OPERATION | TIPL CONDI | TION FOR WHICH OPERATIO | N WAS PERFORMED? | | 20 AUTOPSY? |
| 3 | DO SEE SE | 5 | | 110 001101 | MONTON WHICH OF ENAME | TV WAS TENT ORMED! | | |
| ATIV PO MOINT | WORD WORD BE US BUILD | CERTI | 210 EXTERNAL CAUSE WAS | 216. TIME O | E INITIDY 12 | - HOW IN HIRY OCCUPA | | YES NO |
| Č | CRTIFICATE SI- RITING THE WOR RDED TO THE EG EG 3 SHOULD BE E DEPARTMENT OF | | UNDERLYING OR | | A. MONTH DAY YEAR | C HOW INJURY OCCURR | ED LENTER NATURE OF INJURY IN ITEM TO PART TO PA | ART 2) |
| Š | IS CERTIFIC ARITING TH GE 3 SHO TE DEPART 201 PR OR | MEDICAL | CONTRIBUTING CAUSE OF D | | | (05.1101) | | |
| 2 | PE SE | WED | 21d INJURY OCCURRED WHILE - NOT WHILE - | | OF INJURY (AT HOME, 21 TORY, FARM, ETC.) | LOCATION STREET | CITY OR TOWN | DUNTY STATE |
| - | WARD WARD PAGE TATE D | | AT WORK AT WORK | | | | | |
| | | | 220 I certify that I took charge | e af the remains de | scribed abave, held on A | utopsy , Inspecti | on J. Inquiry J. and in my o | pinian |
| | EXAMINER: CERTIFICATE JUID BE FOR L DIRECTOR: (WITH THE SAMARYLAND, | | death resulted from: Natur | al couses 2. | Accident . Suicide | | Undetermined monner | |
| | ERTINE BARY | | 1 | | 2.0 | TITLE (SPECIFY) | | |
| | ICAL EXA SHOULD ERAL DIR BATH, WI DRE, MAR | | ACTUAL SIGNATURE ONLEN | sax. | Xourses | | DATE DATE | 3-27-86 |
| | SER SER | | | - / | 110 | -M.D. Deputy | MEDICAL EXAMINER SIGNI | cD |
| | TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, BALLTIMORE, M. | | EXAMINER'S NAME (TYPE OR PRINT) | D D | . V wn | ADDRESSEOO | D 1 C m 1 | III I I I I |
| | BAI DAKE | 23 6 B | URIAD CREMATION, REMOVAL 2 | B DAJE | 1237 NAME OF CEMETE | - 1/1/15 | 23d LOCATION | e III 11s, MD |
| 07/8 | | 1 | recifY) | 4/1/86 | HARMONY | 1 0 | CITY OR TOWN COU | STATE |
| 25M | | 24 F | JNERAL DIRECTOR | | | 25a. DATE | REC'D. BY REGISTRAR 256 REGISTRAR'S | |
| | DHMH - 17 (VR A15 ME (5)) | 4 | S. WASHINGTO | N+ SOUS | 4925 BURROL | GAN AUGAPR | 0 4 4000 Ac. K | |
| | (11111111111111111111111111111111111111 | 11. | 0.64 | | | MEAPR | 0 1 1086 Allia Deindan | - Bondago |

88080-00 Marke Barrier Continue of the Market State of The Court of the Court n t anyada wan ba con There may After exempt for while the late one way it is also also Learn Francisco

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

08983

| REGISTRAR | | CERTIFICATE OF DEATH | REG. | NO. | | |
|--|--|---|---|---|---|------------|
| 1. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH | | YEAR 26 HO | UR |
| | IS WILLIAMS, SR. | | FEBRUARY | 26. 1986 | 1:4 | +5 Pm |
| 3. SEX MALE | 4 RACE BLACK | 5. DATE OF BIRTH MONTH OAY JULY 6, 1928 | 6 AGE (IN YEARS LAST | BIRTHDAY) IF UND | | R 24 HRS |
| To BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND | 76. CITIZEN OF WHAT COUNTRY? U.S.A. | | | OR COUNTY OF D | EATH | MD. |
| IS CITY OR TOWN OF DEATH LANHAM | 11. NAME OF HOSPITAL, NURSING STREET 5608 WHITFIELD | NG HOME OR OTHER INSTITUTION CHAPEL ROAD | 120 USUAL OCCUPA LIVE OF WORK FOR MOS EQUIP. OP | | L KIND OF BUSIN | |
| | | YN 13d. INSIDE CITY LIMITS | 5608 WHIT | | 207 PEL ROAD | |
| 14 FATHER'S NAME FIRST CLIFTON WILL! | MIDDLE LAST AMS | 15. MOTHER'S MAIDEN PEARL | CHATMAN MIDDLE | | LAST | |
| 160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPER | | 11 77 77 | HAM, MARY | HITFLELL LAND | CHAI RJ |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | Cancoro | B Stoma ERMINAL DISEASE OR CO | | PARI 110 | |
| 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b IF YES, WER IN CERTIFYING YES | RE FINDINGS USE CAUSES OF DEA NO | ATH? |
| OR CONTRIBUTING CAUSE OF D | ER) P.M. | AY YEAR | CURRED (ENTER NATURE OF IN | | | |
| MHILE NOT WHILE | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | | CITY OR | TOWN | OUNTY | STATE |
| abave, (I) (we) (did) (did not | and view the body after death. | DEGREE ATTENDING PHYSICIAL | | AFF 2 | from the causes so 20 DATE SIGNED 3.) 80 | tated |
| 22d. PHYSICIAN'S NAME (1YPE Ata Moshy | | 5632 Annar | colis Road | Bladensbur | g, Md. | 20710 |
| 230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL | -1-1-1 | NAME OF CEMETERY OF CREMATO | RY 23d LOCATION CITY OF TOWN T.A NDOV | EI PR C | NIY EOUS MT | STATE |

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO HOSPITAL

BP.

24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC.
4339 HUNT PLACE, NOBESS WASH., D.C.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

in Truitson-Randelle

24. 0.4

| | | | | STATE OF MAKTLAND | | |
|--|---------|---|---------------------------------------|--|---|---|
| 22271 | 11. | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYG | GIENE - O | 3 / 8 4 |
| 12314 | | REGISTRAR | LANGUAGE CARRIED | CERTIFICATE OF DEATH | REG. NO. | |
| M. M. | | CEASED NAME FIRST | AJDDLE | LAST | 28. DATE OF DEATH MONTH D | AY YEAR 25 HOUR |
| y be | | Marga | net 5. | Williams | march 27 | 1986 220 M |
| om of ter o | 3. SE | | RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER I YEAR IF UNDER 1 186 |
| s of | / | Female | white | aug. 5 1903 | 82 YRS | ONTHS DAYS MOURS MIN. |
| 2 32 366 | 70 B | IRTHPLACE I STATE OR FOREIGN 7 | L CITIZEN OF WHAT COUNTRY | | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| the state of | 1 | Balto, Md | USA | WIDOWED DIVORCED | Prince app | rege MD. |
| 1 10 | 10 C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSI | NG HOME OR OTHER INSTITUTION | 126 USUAL OCCUPATION | 17 KIND OF BUSINESS OR |
| 40 | 1/2 | LANGAM | Marolia Anro | lens N.H. | HOMEMAKET HOMEMAKET | Own Home |
| be, a | U5U | AL RESIDENCE (IF NURSING HOME OF COUN'STATE | OT LE STITUTION GIVE RESUMINCE BEFOR | RE ADMISSION) VN 13d INSIDE CITY LIMITS? | | 20895 |
| 24 | 7 | 444 | OMERY KENSIN | 1 | 11224 Mitsch | 54 |
| 1 15 17 | 14. F. | ATHER'S NAME | | 15 MOTHER'S MAIDEN NA | ME | |
| 11/0/ | 1 | Joseph | SCHLICE SCHLICE | K Manganet | WIDDLE | Hayes |
| to de la | | WAS DECEASED EVER IN U.S. ARM | NED FORCES? 166 SOCIAL SEC | | ADDRESS | 11-1905 |
| P P P P P P P P P P P P P P P P P P P | 1 | YES, NO OR UNKNOWN) (IF YES GIVE | WAR OR DATES) 216-01-3 | 1651B Lawi Maja | r arreld M | 1 |
| d e b | | Y | y one cause per line for (a). (b), or | nd (c.) | CI-CLERG / | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| phys n pop mov vent, | | 18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE | | Levelmone Asses | + | 3/27/26 |
| ding orbo | | IMMEDIATE | | V () | | 010 1780 |
| thence ve co | | Conditions, if any, which | DUE TO, OR AS A CONSEQU | meumouts | | 3/86 |
| he o he o emo moti | | gove rise to immediate couse (a), stating the | 10) | | | |
| by the | | underlying couse lost | DUE TO, OR AS A CONSEQU | ENCEOF | | 3/84 |
| ple urio | | PART 2. OTHER SIGNIFICANT CO | | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVE | N IN PART I I O |
| Then to b | ATION | | (VO, level | Insufficiency | | |
| w re bee | F | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | | WERE FINDINGS USED |
| on. Per los | GRAIN | Nme | | | YES NOW YES | ING CAUSES OF DEATH? |
| ysicing ysicin | - E | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | |
| CIA! | F | OR CONTRIBUTING CAUSE OF DEAT | HOUR A.M. MONTH D | 19 | | |
| HYS of burners of the control of the | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION | CITY OR TOWN | COUNTY STATE |
| G Pler the sthe | ₹ | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY OFFICE | FARM EIC) STREET | CITY OR TOWN | COUNTY STATE |
| or or se or se or mor mor | | 22a.l certify that (ii) this house | ottended the deceased from | 3 15 84 19 | 10 3 27/86 | 9that ()(|
| TTEN portol for u of He | | sow the decease lalive on _ obove, (1) and (did) will not | -1-6101 | , and that in (my) (our) opinion | death occurred on the date and hour | |
| REC hed hed ept tem | - | 22b. SIGNATURE | eview the body offer deoth. | DEGREE | 1 | 22c. DATE SIGNED |
| the Date of File | | MRPitus | MM | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/17/86 |
| reformed by the Foundation of | | 22d. PHYSICIAN'S NAME (TYPE OR | PRINT) | 27e ADDRESS | | 1 10 |
| FUT FUT ORI | | 6 BPetr | TIL M | 9331 (| o les ville ha | 2 |
| Og Con M | 23a | BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | pring md 2091 | 0 |
| BP | | Burial | | St. Johns Luthera | | Ito. Md. |
| | _ | UNERAL DIRECTOR | 0 20 00 | | E REC D. BY REGISTRAR 256 REGISTR | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | 1 | Henry M/ Jenk | ins & Sone Co | .,Balto.,Md. API | 0.00,4000 | |
| (AVV 12) 4) | | Termy VV. Derik | IID & JUID CO | · , Dallo , Ma . API | K 11/2 1096 | indran Drad in |

unil t. John Juhran Polyilla Lalto.

Fann Janin Sara, com com Janin Janin Hara

| 0-00 | 913 | 1- | FOR STATE REGISTRAR | DEPARTI | MENT OF H | FICATE OF DEATH | REG. NO | (1) 3 | 133 | | |
|--|---|---------|---|--|------------------------------|--|------------------------------------|---------------------|---|------------------|--|
| | | | CEASED NAME FIRST | WIDDLE | TIENE | LAST | 20. DATE OF DEATH | MONTH DAY | YEAR 25. HOUR | _ | |
| e e | page 3 | | Secre | t | Will | iams | March 11 | 1986 | 5:45 ΧΧΧΧΧΧΟ Δ | М | |
| o E | ter d | 3. SE | X 4 | RACE | 5. DATE (| | March 11 | | R I YEAR IF UNDER 24 HRS | _ | |
| ge 4 | rs of | | Male | Black | Apri | | 71 | YRS | DAYS HOURS MIN | | |
| Po | Poor P/C | | | CITIZEN OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | | ATH | | |
| eoth feo | n 72 | | eorgia | USA | WIDOWI | | P.G. | | W | AD | |
| b F | Star By | | ITY OR TOWN OF DEATH | 1. NAME OF HOSPITAL, NURSIN | IG HOME OR OTHER INSTITUTION | | 120 USUAL OCCUPATION | | KIND OF BUSINESS OF | D OF BUSINESS OR | |
| s oft | Service Control | cha | nel Oaks | | | | Ret Const | | Put | | |
| 21201 hours | | USU. | AT RESIDENCE (IF NURSING HOME OR O | THER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | A SAL INICIDE CITY I III I I I | | uction | 17211 | _ | |
| N 24 | filled in | | id. P.G | chapel | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS 5205 Addisc | on Rd | 0173 | | |
| RYLAND within 24 | 2 sh | | ATHER'S NAME | | Jak | 15 MOTHER'S MAIDEN NA | ME | ZII KU. | | - | |
| MAR | ond ond | | -Tohn | Williams | | Manada | WIDDLE | 17 | 12AI | | |
| . 2 | o lo | 160 V | ILLO DECELOED FLICO MILLO IDI. | ED FORCES? 166 SOCIAL SECU | JRITY NO. | Maggie 17 INFORMANT | ADDRE | SS WOO | den | | |
| BALTIMORE | a de la | N | VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE W | 579-38-5 | 335 | Winifred Thor | mas 3230 Hig | ghwood dr | . s.e. | | |
| H (IN | | | 18. CAUSE OF DEATH (Enter only | one couse per line for (4) 11, on | d(c)) a | | 1 - | Τ. | APPROXIMATE INTERVAL TETWEEN ONSET AND DEATH | = | |
| 1 | mov went, | 9 E. | PART I. DEATH WAS CAUSED IMMEDIATE | BY: | n de | al (2007 | ext | | ETWEEN ONSET AND DEATH | | |
| N SI | ding or re | | IMMEDIATE | | 11.00 | | | | | _ | |
| PRESTON he deoth | ve co on, c | | Conditions, if any, which | DUE TO, OR AS A CONSEQUE | THEN | ric | | | | | |
| A e d | emo moti | | gave rise to immediate cause (a), stating the | (0) | 1 | 10 | Λ | | | _ | |
| ¥ . to | by the | | underlying couse last. | DUE TO, OR AS A CONSEQU | 200 | TW1- 18 | une | | | | |
| 301 | ned plec puriol | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 | | | | | | | | |
| SOS Indian | Then to bu | NO O | | | | | | | | | |
| RECORDS, | priorio | CATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE | FINDINGS USED | - | |
| AL R | has per | E | | | | | YES NO | YES T | AUSES OF DEATH? | | |
| VIT. | ransii Hygii 8 sh | CERTIFI | 21a, ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c. HOW INJURY OCCURE | | | | | |
| O NA N | ntoli ntoli | 4 | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH DA | AY YEAR | | | | | | |
| DIVISION OF NG PHYSICIA offending pl | Meri H | MEDICAL | 214. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | | | - | |
| VIS G Pi | the the ond | ž | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.] | STREET | CITY OR TOW | N COU | INTY STATE | | |
| a Zio | Se os solth mor | | 22a.1 certify that (1) (this hospital) attended the deceased from april 7, 19.83, to June 4, 19.85, that (1) (we) lost | | | | | | | | |
| TEN | or use of He | | saw the deceased plive an_ above (f) (ye) (did) (did flor) | June 4, 19_ | | nd that in (my) (aur) apinion o | | | | 51 | |
| 4 8 | E SE | | 22h SIGNATUIH | view the body fifter death. | 5 | DEGREE | | | DATE GIGNED | _ | |
| 0 4 | 0300 | | 1100 | MANI | 5 1 | ATTENDING | MEDICAL STAF | | 2/11/86 | | |
| 1 E | A See A | | 224 PHYSICIAN'S NAME ITTE ORR | enm C | 10 | 172 ADDRESS | DIRECTOR PHYSIC | IAN [] | 214100 | - | |
| OF P | 2 4 4 5 V | | 1/1 | | | TOTAL STATE OF THE | | | | | |
| 01 | 5 4 2 F | 730.0 | URIAL CREMATION REMOVAL | | TABLE OF T | 110658 Campus | | Largo, Ma | ryland | | |
| | | 230.0 | INCHI) | The same of the sa | | EMETERY OR CREMATORY | ZM LOCATION CITY DETOWN | COUNTY | state | | |
| | 10 | 24 51 | Burial | 3/14/86 Ha | rmony | Cemetery | Landover | P.G. | Md. | _ | |
| DHMH 16 | | | JNERAL DIRECTOR | ADDRESS | | MAK - | REC'D. BY REGISTRAR | ISB. REGISTRAR'S S | | | |
| (VR A | 3 (41) | Ro | obert G. Mason F | .H. 1661good Ho | pe Rd | S.E. | - 7300 Jan | ch intentification! | 10.10.00 | | |

STATE OF MARYLAND

icknown and table Contract of the state of the st THE STATE OF THE S TO ST. P. AME THE ST. THE ST. AME THE ST. Mr. R. Johnson THE STATE OF THE STATE OF THE PART OF THE injury, or other troumatic event, th

should be detached for use as the burial-transit permit. Then please remove carbonpoping it has State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaya

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 0. | | |
|-----------------|---|---------------------|---------------------------------------|-----------|--------------------------------|--------------------------------------|-----------------|------------------------|-------------------------------------|
| | CEASED NAME FIRST | | WIDDLE | | AST | 20. DATE OF DEATH | MONTH D | AY YEAR | 26 HOUR |
| TITLES | Joseph | ine | E. | Wri | ght | March 8, 1 | 986 | | 4:00A M |
| 3. SEX | | 4 RACE | Ci LE ELLA | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS |
| | Female | White | , | Aug. | 31. 1925 | 60 | YRS | ONIHS BAYS | HOURS MIN. |
| | CTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| | ash. D.C. | U.S. | | WIDOWE | | Prince Ged | rge's | County | MD |
| 10 CIT | TY OR TOWN OF DEATH | | HOSPITAL, NURSING | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | | F BUSINESS OR |
| | iverdale | 6206 F | Pernwood To | preac | e #101 | Clerk | IF WORKING LIFE | Drug | Store |
| USUA 13a. S1 | L RESIDENCE (IF NURSING HOME O | R OTHER INSTITUTION | GIVE RESIDENCE BEFORE A | DMISSION) | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | 7 IP CODE | 2073 | |
| Mar | | G. | Riverdale | | YES NO | 6206 Ferm | | | |
| 14 FA1 | THER'S NAME | WIDDLE | LAST | | IS MOTHER'S MAIDEN NAM | | | 1.45 | |
| Jol | hn | S. | Lacovaro | | Eunice | Mode | | Na l | ly |
| | AS DECEASED EVER IN U.S. AF | RMED FORCES? | 166 SOCIAL SECURI | ITY NO. | 17 INFORMANT | ADDRI | SS Addr | ress Sa | me as |
| Ne | | re was on bares, | 579-22-77 | 790 | Gloria Wrigh | t | No# | 13. | |
| NOIL | gave rise to immediate couse (o), stating the underlying cause last | (c)CONDITIONS C | | ATH BUT | NOT RELATED TO THE TERMI | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONE | OITION FOR WHICH O | PERATIO | N WAS PERFORMED | YES NO | | WERE FINDING CAUSES | |
| CAL | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE | ATH HOUR A | .M. MONTH DAY | YEAR | 21c HOW INJURY OCCURR | | | | |
| WED | WHILE NOT WHILE AT WORK | | OF INJURY REET FACTORY, OFFICE FAR | M ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | 22a I certify that (1) (this hosp saw the deceased alive ar abave, (1) (we) (did) (did no | TE pru | 254 2419 6 | 6 00 | d that in (my) (aur) apinion d | to February death accurred an the de | ry 241 | 9 8 6 , and from the c | that (1) (we) last causes stated |
| | 22b SIGNATURE | _ | | | DEGREE | | | 22c DATE | SIGNED |
| | ELK ST. | 128 | | | 100 | MEDICAL STAI | | March | 8,1986 |
| | 22d. PHYSICIAN'S NAME (TYPE | | | | 22e ADDRESS | | | | |
| | Year-Kwon H. | | | | 5506 Kenilwo | orth Ave. # | 105 Ri | verdale | , Md. |
| | JRIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | | COUNTY | STATE |
| | Burial | March | 11,1980r1; | ingto | on Natl. Cem. | Fort My | er A | rlingto | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

REGISTRAR 256 REGISTRAR S SIGNATURE

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Esta Senilumpth tvo. -107 Siverblo, Md.

SERL, Sulorate

with some statements and the core from indimetor with.

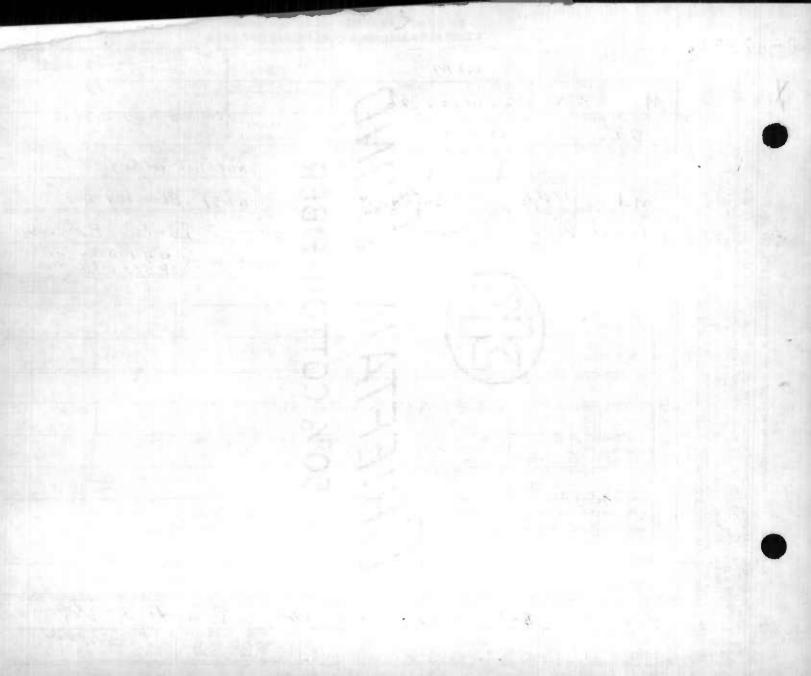
P. Machia Cons C.M. . . . Westerille, Morrished

The same of the sa

| 00-02333 | | FOR STATE REGISTRAR | | | MENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | REG. NO. | 8 9 8 8 |
|--|------------------|--|--|---------------------------|--|--|--|---|
| s offer death. Page 4 may be by the funeral direction again and within 72 hours assessed to have a second to the following the f | 7a B | | RACE Whit OREIGN 7b. CITIZEN C U.S. TH 11. NAME O | A. OF HOSPITAL, NURSH | S. DATE MONTH 9 8 MARRIE WIDOWE | DAY YEAR ARRIED D | Prince Geor | ry of DEATH ge's Co. MD. 126. KIND OF BUSINESS OR |
| MARYLAND 212 ed within 24 houselets filled in d 2 shoold be | 13a. | AL RESIDENCE (IF NURSI Maryland THER'S NAME Howard | NG HOME OR OTHER INSTITUTE 13b. COUNTY P. G. MIDDIE | Riverda. Reed | | 134 INSIDE CITY LIMITS? YES A NO THE SMALDEN N Freda | 6000 48th Aven | ue 20737 Koch |
| Timore, n | 160 | VAS DECEASED EVER I | N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) | | | William E. | ADDRESS Wright (Husband) | Same as #13 |
| RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending phy Then please remove carban pa To burial, cremation, or removinjury, or other traumatic event | NOI | Conditions, if any, gove rise to imm cause (a), stating underlying cause | which (b), ediote of the lost (c)_ | OR AS A CONSEQU | ENCE OF | | BABLE RMINAL DISEASE OR CONDITION C | SIVEN IN PART I (0) |
| SF VITAL RECO | AL CERTIFICATION | 190 DATE OF OPERAT 210. ACCIDENT WAS UNDI | ERLYING 216. TIME | OF INJURY A.M. MONTH D | AY YEAR | | IN CER | (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART 2) |
| DIVISION OF PITAL OR ATTENDING PHYSICIA by the hospitol or attending pl ERAL DIRECTOR, After this certif oe detached for use as the burial-ti State Dept. of Health and Mental | MEDICAL | sow the decease obove (11) we) (di | 216 PLAC (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME (AT HOME) | 3 19 | 3/3 | ATTENDING PHYSICIAN | CITY OR TOWN CITY OR TOWN CITY OR TOWN THE DISTANCE OF THE DIRECTOR OF THE PHYSICIAN OF THE DIRECTOR OF THE | COUNTY STATE 19 86, that (1) (we) lost our and from the causes stated 22c. DATE SIGNED 3/25/86 |
| TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANTS. | | BURIAL, CREMATION, F | REMOVAL 236 DATE | | MO) | 220 ADDRESS AD | MET PANK DA | # 25/ME MO |
| BP | | Buria NERAL DIRECTOR Francis Ga: | sch's Sons more Avenue | FuneraleHe | ome, E | ncoln cemete 2.A. | Brentwood ATE REC'D. BY REGISTRAN 255 REGIST | P.G. Maryland |

| | | | FOR | | | EPARTME | NT OF HEAL | TH AND M | ENTALH | YGIENE | | | | | |
|---|--|---------------|----------------------------|--|--------------------------------|--------------------|--------------------|-------------------|-----------------|-------------|--------------|---------------|-----------------|------------------------|---------------------------------|
| 0 | 2021 | | STATE REGISTRAR | | MED | DICAL EX | AMINER'S | CERTIFI | CATEO | F DEAT | H 6 | REG. N | 6 8 | 4 1 | 3 9 |
| 0 - (| 123348 | 1 DE | CEASED NAME | FIRST | | MIDDLE | | LAST | | | DATE | KNOWN | MINOM X | DAY YEA | AR 2h HOUR |
| | 38 55 ST 3 | (1177 | PE OR PRINT) | Andre | u | m | 7 | ates | | | OF DEATH | ESTI- | 3/ | 28/19 8 | 86 4 |
| V | PEA PEA | 3. SEX | | RACE | 5 DATE OF BIRTH | | GE (IN YEARS IF | UNDER 1 YR. | IF UNDER | | | | MONTH | | AR 24 HOUR 9:15 |
| 1 | OUR SNS | / | N | BIK | | | 36 YRS. | ONTHS DAYS | HOURS | MIN PI | RONOUN | CED | 3/ | 28/19 8 | 86 A M |
| | ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRECTON STREET. | 7a. B | RTHPLACE (STA | ATE OR | 76 CITIZEN OF WH | | 2 1 | RRIED NE | VER MARRI | IED 7 | BALTIM | ORE CITY | OR COUNT | Y OF DEATH | |
| | S NECESSAR FUNERAL 5 FOR YC WITHIN | | D.C. | | 45 | H | | OWED [] | DIVORCI | | Princ | ce Ge | orge's | s Count | ty, MD. |
| | SHRES V | 10. C | ITY OR TOWN O | F DEATH | 11 NAME OF HOSE | | | THER INSTITU | ITION | 12a USUA | L OCCUP | ATION (TY | PE OF WORK | 126 KIND OF OR INDU | BUSINESS |
| | THE FANT DELY IS NOT THE FULL AND 3 TO THE FULL OF SHOULD BE RILED OF THAT RECORDS, 201 | | Suitl | | 4657 Br | omley A | Ave. | | | NIM | cha | n I Cal | Eng | | |
| 10 | SEAS SO | | AL RESIDENCE (I | F IN NURSING HOME O | R OTHER INSTITUTION, GIV | 13c. CITY OR | | 13d. INSIDE | CITY LIMITS? | 13e. STREE | T ADDRES | SS | 1- | 10 | 07411 |
| 212 | A K M C M | | MIG | 136 COUNT | G | Suit | YANd | YES 🗌 | NO [] | 46 | 51 | BROI | mley | AVE | 16 |
| SA CA | EST. S. | 14. F. | ATHER'S NAME | 1 | MIDDLE | LAST | U. | IS MOTH | ER'S MAIDE | NAME | AAD | DDLE | 4 | LAST | |
| 300 | DEATH PROPERTY | 1 | dware | | 1010 | yAtes | | FI | RAN | 3114 | 1 | 241 | | DRO | WN |
| RACTIMORE MD 21201 | FER DE PAGE PON ON O | 16a \ | ES. NO. OR UNKNOW | EVER IN U.S. ARA | AED FORCES? WAR OR DATES) | | SECURITY NO. | 17. INFOR | | tes) | 11:50 | # 5 | mod | ore D | rR, |
| | URS AFTER 18. GIVE PA WITH FOR | | yes | | | | | ig ma | 1/1 | | | Ro | ckvi | | nd |
| 5 | | | 18" CAUSE OF PART I DEA | DEATH (Enter onl TH WAS CAUSED | y ane cause per line BY: | for (a), (b), an | | | <u>.</u> | | | | | | NATE INTERVAL NSET AND DEATH |
| 2 | 24 HO ITEM 1 LONG PERMI GIENE, VAL. | | 5-365L 5 | IMMEDIAT | E CAUSE (a) | AS A CONSEC | | onary | Throm | boemb | olism | Λ | | | |
| PPECTON | ITHIN 24 CIL IN IT NER ALC ANSIT PI AL HYGI | | | s, if any, which | DOE TO, OK | A3 A CONSEC | OLINCE OF | | | | | | | | |
| 11. 3 | 3 × × × × × × × × × × × × × × × × × × × | | | to immediate | (b) | AS A CONSEC | DUENCE OF | | | | | | | | |
| 102 | UTED WITHI IN PENCIL EXAMINER I'AL - TRANS O MENTAL I | 13 | lying causi | e last. | | | 01.102.01 | | | | | | | | |
| | | | PART 2 OTNER SIG | NIFICANT CONDITIONS (| (c) CONTRIBUTING TO DEATH 8 | UT NOT RELATED T | O THE TERMINAL DIS | EASE OR CONDITION | ON GIVEN IN PAI | RT 1 (a) | | | | | |
| Č | D BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE AS A BUTTH AN CREMAT | Z | | | | | | | | | | | | | |
| SORON SERVICE | HOULD ARD WELL OF HEAD | CERTIFICATION | 19a DATE OF | OPERATION | 19b. CONDIT | ION FOR WHI | CH OPERATION | WAS PERFO | RMED? | | 7.357 | | | 20 AUTOP | SY? |
| T T | MORD "F E CHIEF BE USED BURIAL | I H | 872.3 | | | | | | | | | | | YES C | NO [|
| ú | ATE WENTER THE MENTER TO BE | ER L | 210 EXTERNAL | FF73 | 216 TIME OF | INJURY MONTH DA | | HOW INJUR | OCCURRE | D LENTER NA | TURE OF INJU | JRY IN ITEM I | 8 PART 1 OR PAR | RT 2) | |
| Z | CERTIFICATE SH TITING THE WOR DED TO THE CH TO DEPARTMENT DEPARTMENT OF PRIOR TO BUR | CAL | CONTRIBUTIN | G CAUSE OF D | DEATH P.M. | | 19 | | | | | | | | |
| 2 | OEP JEP | MEDICAL | 21d. INJURY O | CCURRED | STREET FACT | FINJURY (A | T HOME, 21f. | LOCATION | | | CITY OR TOW | VN | COI | UNTY | STATE |
| - | 12AAAKH | 1 | WHILE AT WORK | AT WORK | | | | -1.4 | 10.44 | | | | | | |
| | ATE, JAR. P. S. P. | | 22a. I certify | that I took charge | e of the remains desc | ribed abave, I | neld on Au | opsy X. | Inspection | n . | Inquiry | □. ∘ | and in my ap | oinion | |
| | MIN FIELD | | death resulted | d from: Natur | al causes | Accident | , Suicide | , Homi | cide . | Undeter | mined ma | nner XX. | | | |
| | WAR WAR | | ACTUAL | | N | An. | | TITLE (| SPECIFY) | | | | DATE | | |
| | A HE SHE | | SIGNATURE_ | 1000 | 1 | YV | 200 | M.D. ASS | istan | +_MEDIC | AL EXAM | INER | DATE | D 3/2 | 8/86 |
| | NO N | | EXAMINER'S N | | | | | | | | | | | | |
| | TO MEDICAL EXAMINER: TEXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO EUNERAL DIRECTOR: PATER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2 | 73a B | TYPE OR PRIN | T)Grec | | uffman | E OF CEMETER | ADDRESS_ | | 11 Pe | nn St | - | | | |
| 07.0 | | (1 | JURI- | The state of the s | 11-3-86 | - | iant, | CO N | At | CIT | MA | nt, | 20 COUN | Was | STATE |
| 07/8 25M | | 24 F | UNERAL DIRECT | OR | | 140 | 10000 | | 250 DATE F | REC'D. BY R | EGISTRAF | | | ICALILIA I | 6 |
| | DHMH - 17 (VR A15 ME (5)) | V | ann & I | William | S F. H. 4 | 1804 C | eorgia | Arro | APR | 1808 | 986 | 1 start | Dankston. | -16.60 | |

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FOR STATE REGISTRAP DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2128

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

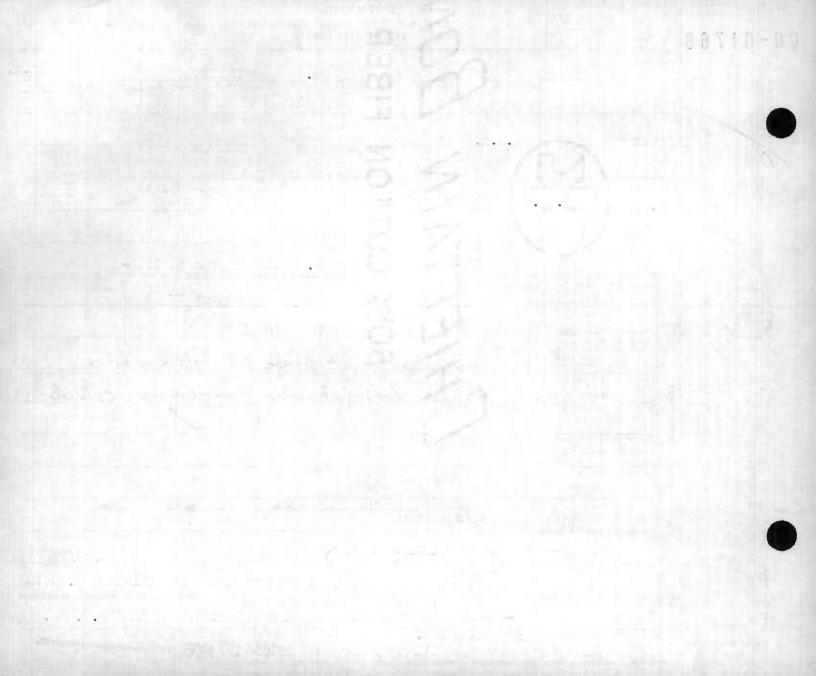
| | | | | | | | REG. NO. | 16 - 17 - 11 - 11 | |
|----------------------------------|------------------------------|---------------------------------------|---------------------|---------------|-----------------|--------------|-------------------------|----------------------|-----------------------------------|
| T DECEASED NAME | FIRSI | MIDDLE | L | AST | | 2a DATE C | FDEATH MONTH | . DAY YEAR | 2h HOUR |
| | THOMAS | IRVIN | YATE | ES S | SR. | MARCH | 23,1986 | | 10:42p m |
| 3 SEX | 4 | RACE | 5. DATE C | | | 6 AGE (IN | YEARS LAST BIRTHDAY) | IF UNDER TYEAR | |
| MALE | FD-90 | WHITE | 09 ^{MONTH} | 03 | 14 | 71 | YRS | MONTHS DAYS | HOURS MIN. |
| La BIRTHPLACE (ST. | ATE OF FOREIGN 71 | CITIZEN OF WHAT COUNTRY | 8 | - CX NEVED | MARRIED - | 9 BALTIM | ORE CITY OR COUN | | |
| Maryland | 184 | U.S.A. | WIDOWE | | NARRIED T | | NCE GEORGI | ES | MD. |
| 10 CITY OR TOWN C | F DEATH | 1. NAME OF HOSPITAL, NURSII | NG HOME C | | | 12a. USUAL | OCCUPATION | 126 KIND C | OF BUSINESS OR |
| CLINTON | | SOUTHERN MARY | | OSPTT/ | AL | | RK FOR MOST OF WORKING | | 3 |
| | IF NURSING HOME OF O | THER INSTITUTION GIVE RESIDENCE BEFOR | E ADMISSION) | | | Sales | | Laun | ary |
| MD. | P. G. | | | YES X | NO 🗌 | 6305 | ADDRESS / ZIP CO | Lane | 20772 |
| 14 FATHER'S NAME | | DDIE LAST | | 15. MOTHER | S MAIDEN N. | AME | | | |
| Warren | A. | Yates | | Carri | e FIRST | | WIDDIE | Dinge | e e |
| 160 WAS DECEASED | | | JRITY NO. | 17 INFORM | ANT | | ADDRESS | | |
| (YES NO OR UNKNOV | NONI | E 577-05-5 | 263 | Mary | H. Yat | es : | Same as 13 | 3 A-E | |
| | | one couse per line for (a), (b), or | nd icili | | | | | APPROX | IMATE INTERVAL ONSET AND DEATH |
| PART I. DE A | TH WAS CAUSED | 1 - 1 | b- Du | elmoi | nany | are | est | | |
| | N. W. C. D. V. C. | DUE TO, OR AS A CONSEQU | ENICE OF | | / | | | | |
| Canditions, if | ony, which | Poscilo | 00 | Acut | 6 1 | MI | | | |
| gove rise to | | DUE TO, OR AS A CONSEQU | ENCE OF | | | | | | |
| underlying | cause last | 1 10 Hy pert | encio | n/A | ngine | 2/2: | alrefes n | rellitus' | |
| | SIGNIFICANT | ONDITIONS CONTRIBUTING TO | | | D TO THE TER | MIMAL DISEA | SE OR CONDITION | GIVEN IN PART I | 0 |
| O A | othnitis | , Rossible | Veto | mo- | Sasilos | r Trosu | fficiene | y. cel | Quelitis |
| 21g ACCIDENT W | PERATION | 196 CONDITION FOR WHICH | OPERATION | N WAS PERF | ORMED | 20a AUT | | YES, WERE FINDI | |
| A L | | | | | | YES 🗆 | NOD | YES | NO [|
| OR CONTRIBUTION | AS UNDERLYING CAUSE OF DEATH | HOUR A.M. MONTH D | AY YEAR | 21c HOW I | NJURY OCCU | RRED (ENTERN | ATURE OF INJURY IN ITEM | 18 PART OR PART 2) | |
| THE EITHER NOTIF | Y MEDICAL EXAMINER) | P.M. | 19 | | | | | | |
| THE EITHER NOTIFE 21d. INJURY OC | | 21e PLACE OF INJURY | FARM ETC 1 | 211 LOCATI | | | CITY OR TOWN | COUNTY | STATE |
| ANTIFE L | AT WORK | | | | | THE SECOND | | | |
| | | 1) ottended the deceased from _ | 3 | | _, 19_86 | , to | 3 23 | | that (I) (we) last |
| abave, (1) (| | view the body offer death | 66 , an | d that in (my |) (our) apinian | death accurr | ed on the date and h | our and from the | causes stated |
| 226 SIGNATUR | E | | (| DEGREE | ********* | | | 22c DATE | SIGNED |
| | kear | - | 5 | 1101) | | MEDICAL | STAFF | 3/2 | 4/86 |
| | I'S NAME (TYPE OR | | | 22e ADDRE | | D- | - 3 4710 0 | | |
| Mahes | sh | Chandra | | 9131 | Piscata | away Ro | ad #710 C | linton M | u. 20/35 |
| 23a BURIAL, CREMAT | ION, REMOVAL | 23b DATE 23c | NAME OF CI | EMETERY OR | CREMATORY | 23d LOC | ATION | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT.

Burial 03-26-86 24 FUNERAL DIRECTOR Lee Funeral Home Inc.
6633 Old Alexander Ferry Road Clinton, Maryland 20738 27 1986

Resurrection Cemetery Clinton, Maryland P.G. Md.



| | | | | | | FMARYLAND | | | | |
|--------------|---|---------------|---|--------------------------|------------------------------------|-------------------------------|---------------------------|-------------------|------------|------------------|
| | | 11. | FOR | D | EPARTMENT OF HEAL | TH AND MENTAL H | YGIENE O | 0 8 | 9 | 9 |
| 00- | 01778 | 1 '- | STATE REGISTRAR | MED | ICAL EXAMINER'S | CERTIFICATE O | F DEATH | REG. NO. | | |
| 0.0 | 10 | 1. DE | CEASED NAME FIRST | | MIDDLE | LAST | 2a DATE KNO | | DAY | YEAR 26 HOUR |
| | Table 1 | (TY | PE OR PRINT! | | RU | / | | STI | San | 0 1735 |
| -00 | 2895B | 2.05 | TOVE | 1 | 9 | 0 2/2 2/- | 271. | 700000 | 7 2019 | 0 C 7 M |
| 3- | 28258 | 3 SE | A RACE | S. DATE OF BIRTH | | UNDER TYR. IF UNDER | 24 HRS. 20. DATE / | Moreta | 1 0 - | ~ 1230 |
| 6 | FESSES | | M BIK | AUG 4 | 27 6 4 YRS. | | DEAD | Maro | h ZZIS | 168 WIM |
| 0 _ | 弱また全面 人 | 70 B | ORTHPLACE ISTATE ON | Th CITIZEN OF WH | AT COUNTRY? 8 | RRIED NEVER MARRI | 9 BALTIMORE | CITY OR COU | NTY OF DEA | ATH |
| | DESERTED OF | | REIGNAGENING | 11.5 | 11 | OWED DIVORC | - 7// | nier G | 20.00 | -a alto |
| • | 2700 | 10 C | ITY OR TOWN OF DEATH | II NAME OF HOSP | ITAL NURSING HOME, OR C | | 1120 USUAL OCCUPATI | ON TYPE OF WOR | 112b KIND | OF BUSINESS |
| | 子生态景彩/ | V | 2. 1.1 | ME NOT IN SUCH FACE | LITY, GIVE STREET ADDRESS) | 11 - 4 1 | FOR MOST OF WORKING | | | DUSTRY |
| | \$5. % = | 1/ | AL RESIDENCE LIFTIN NURSING HOME O | Lelen | of Merry | ~ H 08 4 | Clerk Ret | irea | | Police |
| 9 | F83390 | | STATE IN NURSING HOME O | TY AS | 13c CUTY OR TOWN | / 13d INSIDE CITY EIMITS? | 13e STREET ADDRESS | | -/20 | 9P/9·87 |
| 212 | 44 BOR | | Ma KVINE | , c Georger | HYETTOMI | YES NO [| 2400 au | const. | Nape | 11/25 |
| 9 | TEG MM | 14. F | ATHER'S NAME | | 7 | 15. MOTHER'S MAIDE | N NAME MIDDLE | | 168 | 871 |
| | E18854 | I | ewis H. | MIDDLE | Young | Mayme | MIDDLE | Í | ee | 100/1 |
| | 208-0 | | WAS DECEASED EVER IN U.S. ARA | MED FORCES? | 166 SOCIAL SECURITY NO. | 17. INFORMANT | Ā | DDRESS | | |
| MI | BENDER | 100. | YES, NO, OR UNKNOWN! (IF YES, GIVE) | WAR OR DATES! | 577-20-4886 | | na M. Young | | 00 000 | oone |
| 3 | ASSTAN | | Yes | | 377-20-4000 | | | | | ECII5 |
| 1 | 2∞≥ € 0 | | 18 CAUSE OF DEATH (Enter and | ly ane cause per line f | ar (a), (b), and (c).) | Chapel R | Rd., Hyatts | Tile, M | APPRO | OXIMATE INTERVAL |
| 2 | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 15 | PART I DEATH WAS CAUSED | D BY: TE CAUSE (a) | 2 cute | MION | Taydin- | 11/15 | | |
| 0 | A-50 58 | | | | S A CONSEQUENCE OF | / | | | | |
| 1 | 童 8 五五 | | Canditians, if any, which | | | | | | | |
| . 0 | 353158 | | gave rise to immediate cause (a) stating the under- | (b) | C A CONSEQUENCE OF | | | | | |
| | THE THE | | lying cause last. | DUE TO, OR A | S A CONSEQUENCE OF | | | | | |
| - 2 | 0.0200 | | | (c) | | | | | | |
| O O | SAL SUR | | PART 2 DTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | IT HOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN PA | IRT 1 (a) | | | 110 |
| RECORDS | SE S | N N | 1/1/1001-0 | / | | | | | | |
| OC CO | OULD BE EXEC D"PENDING" IIEF MEDICAL ISED AS A BUR F HEALTH AN IAL, CREMATIK | CERTIFICATION | 196. DATE OF OPERATION | 196 CONDITE | ON FOR WHICH OPERATION | WAS PERFORMED? | | | 20 AUT | TOPSY? |
| M | DO ELSO | 1 5 | No one | | | | | | VEC | S NO-PIT |
| 5 | S S S S S S S S S S S S S S S S S S S | 3 1 | 210 EXTERNAL CAUSE WAS | 21b. TIME OF I | NJURY 21c | . HOW INJURY OCCURRE | D LENTER NATURE OF INJURY | NITEM IS PART LOR | |) II HOTE |
| Ö | | | UNDERLYING OR | | MONTH DAY YEAR | THE THE PERSON DECONICE | | THE TOTAL TO | 1 100.1 1 | |
| 2 | SECTES. | MEDICAL | CONTRIBUTING CAUSE OF D | | 19 | | | | | |
| 5 | CERT 3 SF | 1 8 | 21d. INJURY OCCURRED WHILE ONOT WHILE | STREET, FACTO | FINJURY (ATHOME, 211 | LOCATION | CITY OR TOWN | | COUNTY | STATE |
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| | (VR A15 ME (5)) | L | John T. Rhines C | b. 3015 1 | 2th St. N.E. | D.C. 2001AR | 2 / 1986 4 | ic Davidson | n-Ronde | 102 |

